A STUDY IN THE ELEMENTS

OF RAPPORT

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RAPPORT

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by

Harriet M. Kandler

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Theresa G. Mueller
Maria Farrell.
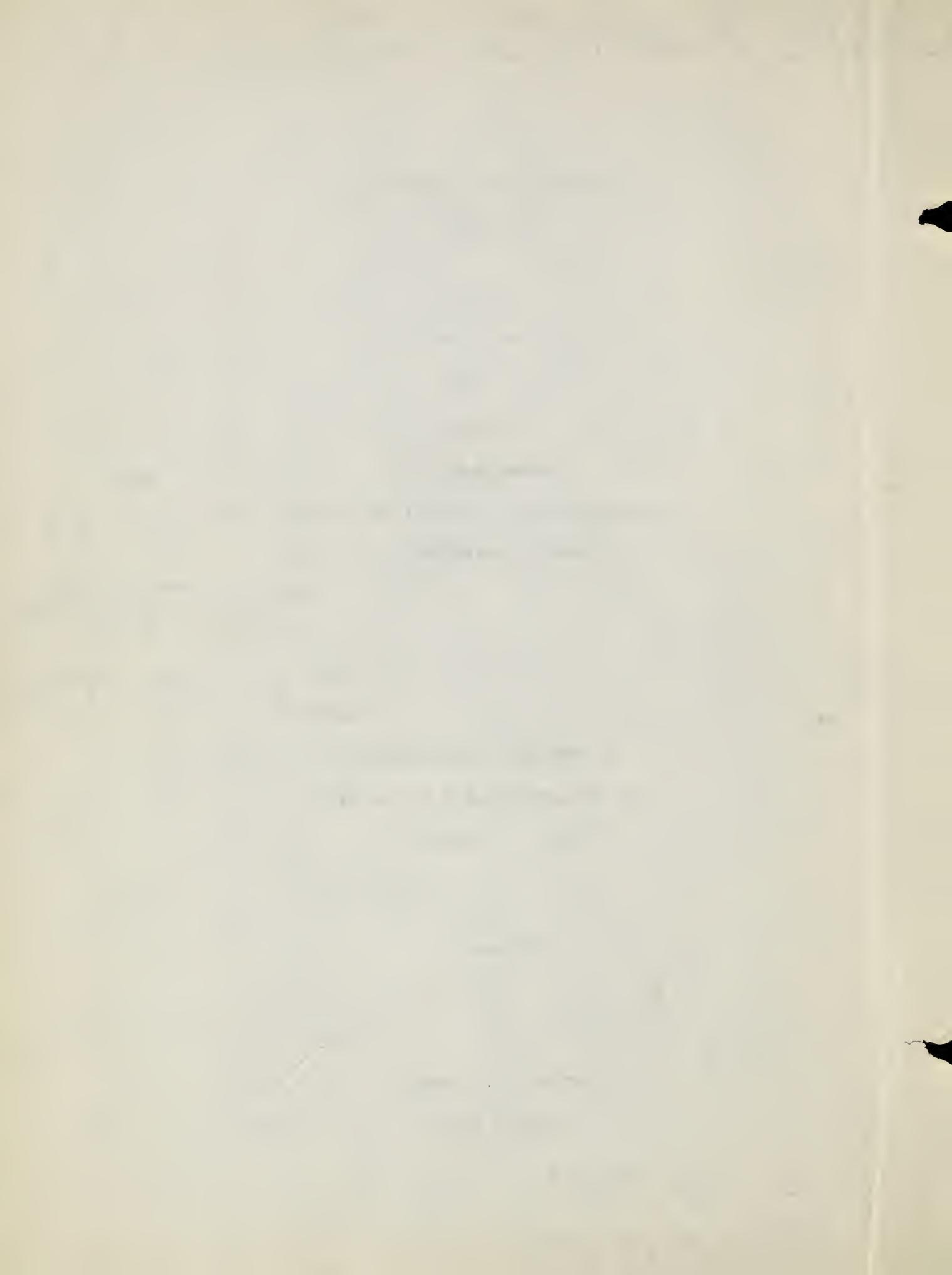
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CHAPTER I

INTRODUCTION

At the present time, it is generally conceded that the keynote of any psychiatric therapy is based upon the establishment of good interpersonal relationships between a patient and any member of a therapeutic team. Since the nursing personnel usually have more contact with the patient than any other member of a therapeutic team, a very important consideration is the clarification of what is involved in the interpersonal relations between the nursing personnel and the patient.

Statement of the Problem

Good interpersonal relations is commonly called "rapport". The establishment of rapport in any psychotherapeutic situation is an essential element in promoting the recovery of a mentally ill patient. It is a necessary therapeutic tool for all members of the team, but particularily for the nursing personnel since it is they who generally have more frequent and longer daily contacts with the patient. The establishment of rapport in any psychotherapeutic situation is ordinarily a time-consuming and complicated process which is affected by the interactions of the type of person who is ill

and the type of personnel who is caring for him.[1] This poses
the question: By what means, if any, may nursing personnel be
aided in developing good interpersonal relations? The answer,
if found, would have implications for the preparation of nurse
personnel for nursing in general and for psychiatric nur ing
in particular.

Purpose of the Study

The present study is in the nature of a pilot study.
It is based on an investigation of good and poor interpersonal
head nurse units in Hospital X. The objectives of this study
are as follows:

1. To identify some of the factors which are
    essential to the establishment of good
    interpersonal relations and which can be
    taught.

2. To ascertain whether or not conscious direction
    is given to the inclusion of these factors in
    the course in psychiatric nursing offered in
    Hospital X.

3. To propose modifications in the psychiatric
    nursing course offered in Hospital X.

4. To identify problems for further intensive study.

Previous Investigations

Four studies have been reported which deal directly

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[1]
John C. Meregener, "General Semantics in the Problem
of Rapport in Psychiatry", Papers from the Second American
Congress of General Semantics, Edited by M. Kendig. (Chicago:
Institute of General Semantics; 1943), pp. 166-174.
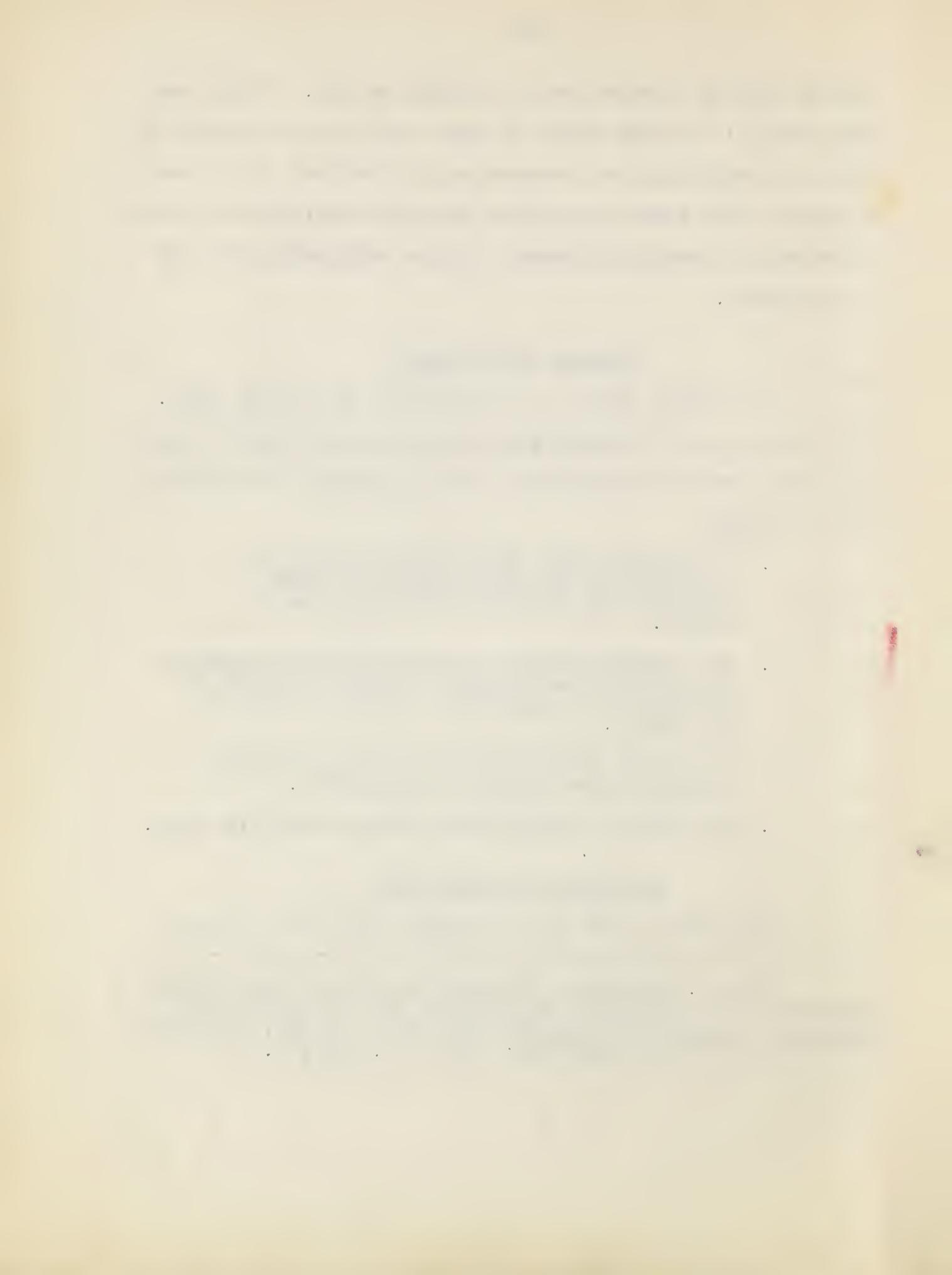
with interpersonal relations in the nursing situation. The first was a sociological study by Rowland.[2] It was concerned with the approach to the social life of the mental hospital. By means of observation and participation in the activities of the mental hospital, friendship patterns between patient and patient, patient and employee, and employee and employee were studied. The effect of this study was to point the way to an understanding of the hospital as a community and to the role of the patient, the nursing personnel, and the doctor in that community. Any new studies of interpersonal relations might well take this point of view into consideration.

The second study, by Hyde and York,[3] indicated the importance of social interaction in studying any spontaneous group. It developed the sociogram as a tool for measuring social interaction in the hospital community and pointed up the need for such a tool.

A study by Jenkins[4] applied the technique suggested by Hyde and York in objectively evaluating and determining the effect of patient on patient, nurse on patient, patient on

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[2] Howard Rowland, "Friendship Patterns in the State Mental Hospital", Psychiatry, II (1939), 363-373.

[3] Robert W. Hyde and Richard York, "Technique for Investigating Interpersonal Relations in a Mental Hospital", Journal of Abnormal and Social Psychology, XLIII (July 1948), 287-299.

[4] Elda Hoke Jenkins, "Interpersonal Relations in Psychiatric Nursing" (Unpublished Master's Thesis, School of Nursing, Boston University, 1949), 11-70.

nurse, and nurse on nurse. The conclusions showed how the interactions of one affect the other and how the purpose in any given situation modified the interactions between individuals at any given time. It gave a basis for appraising the over-all atmosphere on an acute ward in a mental hospital.

Stanton and Schwartz[5] gave evidence to indicate that patients suffering from a serious pathological excitement on a specific mental hospital ward were usually the central figures involved in a strong disagreement between two members of the staff about the treatment of the patient. These staff members had actively avoided face-to-face discussion of their differences of opinion, but when they were induced to discuss these differences directly with each other, the patients' excitement subsided or disappeared within a short time.

Although the present study is based on much the same philosophy as the preceding four, there is a difference in method and emphasis. It is the next natural step in the investigation of interpersonal relations in a psychiatric hospital. Rowland pointed to the importance of studying interpersonal relations in a psychiatric hospital. Hyde and York supplied a tool for investigating interpersonal relations. Jenkins showed an application of this tool to study the factors that contribute to good and poor relations on an acute ward of a psychiatric hospital. Stanton and Schwartz pointed out the effect of poor

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Alfred H. Stanton and Morris Schwartz, "The Management of a Type of Institutional Participation in Mental Illness", Psychiatry, XII (1949), 13-26.

interpersonal relations in a hospital ward and showed how misunderstanding in the treatment of patients by different members of the hospital staff might actually increase the patients' conflict.

The present study differs from the others in that it utilizes different methods; namely, a modification of the Moreno[6] sociometric choice of persons who are liked or disliked, and the interview to determine the reasons stated for such choices. It seeks to uncover reasons underlying good and poor interpersonal relations as indicated by liking for or disliking persons. It aims to determine whether or not the educational plan of the hospital can be modified to improve the skill and ability of the personnel to form good relationships.

Scope of the Study

The study was made in one psychiatric hospital which does extensive research. It is concerned with the phases of rapport which may be determined by stated likes and dislikes of patients and nursing personnel on three of the four head nurse units. The procedure for the assessment of the characteristics of patients and nursing personnel in the situation which affect rapport favorably or unfavorably was carried out on all three head nurse units, but at different periods of time for each unit. The factors which were found in liked and

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[6] Jacob L. Moreno, Who Shall Survive? (Washington, D.C.; Nervous and Mental Disease Publishing Co., 1934), X-438.

disliked patients and personnel were sorted out and from these were selected the factors which can be learned and taught. An effort was made to ascertain whether or not the findings of the study could be utilized to modify attitudes and behavior of other groups of nursing personnel in establishing good relationships with patients. From the implications of the application of the findings of this study, a plan is offered which is based on the stated objectives and, therefore, is not a detailed plan for the teaching of psychiatric nursing.

Limitation of the Study

The study was limited by the situation in which the problem existed. The limitations resided in the comparatively small number of patients and personnel; in the rapid turnover of patients and personnel; and in the lack of a control situation against which to test the findings.

Material for this study was gathered from interviews with twenty-six personnel and eighty-six patients. Of the nursing personnel, three were head nurses; ten, students of nursing; and thirteen, attendants. The daily average census of patients was eighty-six. Some of the patients, however, were not in sufficiently good contact to participate in the study. Obviously the inferences which can be drawn are limited to this particular situation. Although it is not possible to draw broad generalizations from this size sampling, the study points to a method that might be useful to other institutions in studying themselves.
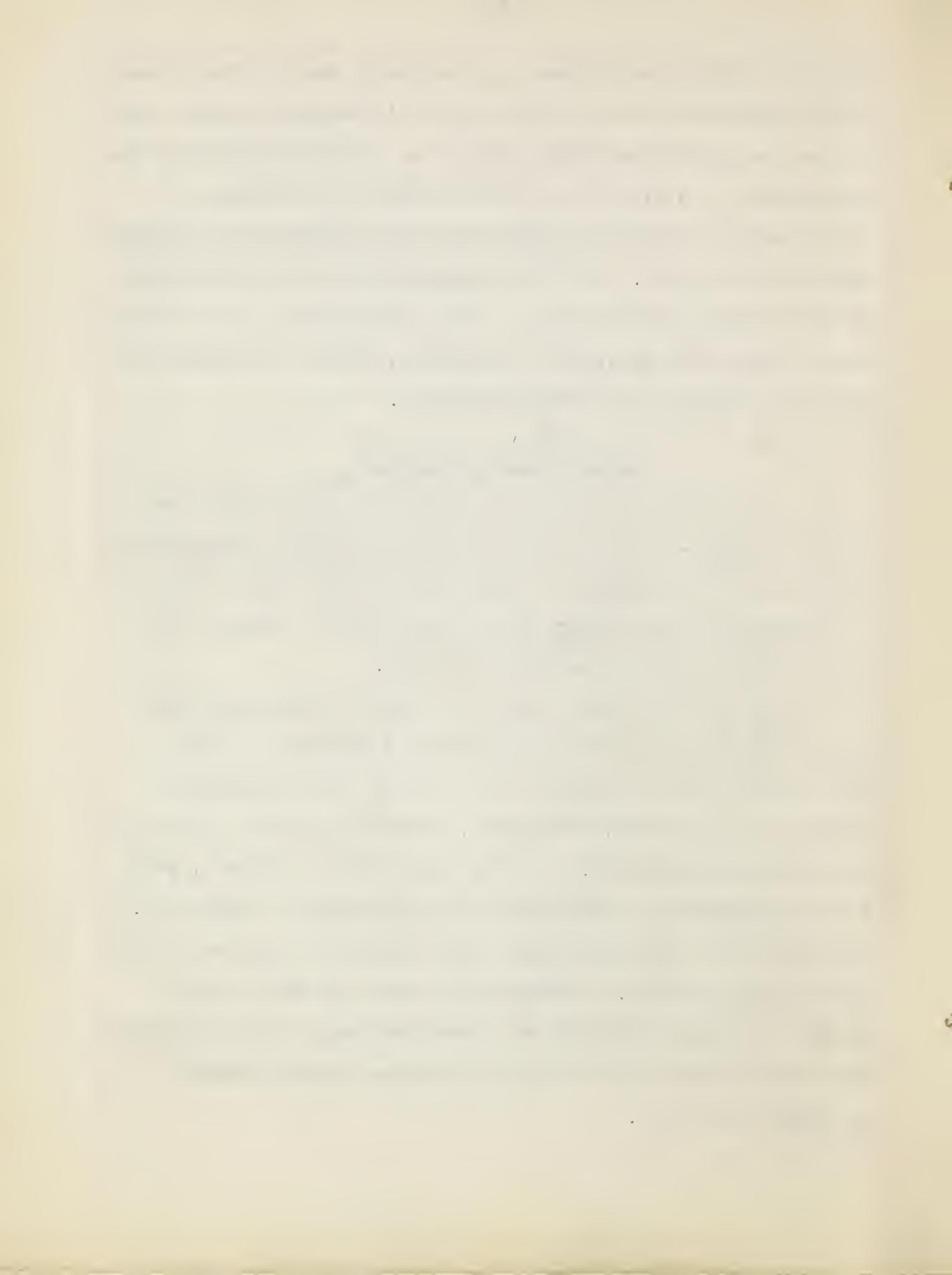
Because the hospital is an active treatment and research center, there is a rapid turnover of patients on the wards. Personnel are rotated at frequent intervals from day duty to relief duty to night duty. This may present a situation of shorter periods of contact of personnel with patients than is usually found in a typical mental hospital and may affect the universality of the findings.

Since so many different factors enter into a determination of personality traits, it would be futile to set up a control situation. Reliance had to be placed on social science methods of study. No attempt was made to determine whether or not the same conditions would be found in the more static, typical, large, mental hospital. However, so broad a consideration was not the objective of the present study since the latter was designed primarily to improve the quality of the education given to the students of nursing in this particular situation, and thus to improve the quality of nursing care given to patients.

Specificity of Questions

It is obvious that an investigation of rapport would require exhaustive study. However, the effectiveness of interpersonal relations is often reflected in the liking and disliking of others. In order to determine if rapport is affected in any way by liking and disliking and if the underlying causes could be discovered and used to aid in the preparation of nursing personnel, it seems necessary to answer the

following questions:

        1. Will an examination of the likes and dislikes of nursing personnel to patients and patients to nursing personnel reveal the causes of such likes and dislikes and contribute somewhat to a knowledge of the factors which are conducive to or interfere with the establishment of rapport?

        2. How might the findings be used to aid nursing personnel to establish good rapport?

        3. Will differences be found in the factors that cause liking and disliking of patients between male and female patients and between the acutely ill and the convalescent patient?

        4. Which, if any, of these factors appear to be due to a failure to understand the patient and his needs?

        5. Will an examination of the educational plan of the basic course in psychiatric nursing in the hospital under study reveal gaps in the provision for the teaching of effective interpersonal relationships?

        6. Should such gaps be found, can modifications be made in the educational program of the hospital selected for study which will assure closing them?

Sources of Data

An exhaustive review of the literature was made. This included material in social work, occupational therapy, and teacher training as well as in psychiatry and nursing. An

intensive study was made of all available studies dealing with interpersonal relations in the nursing situation. These are reviewed on pages 2-4, and their application to the present study is pointed out.

The second source of data was interviews with eighty-six patients and twenty-six personnel on three head nurse units of a psychiatric hospital. Every patient was interviewed who was resident on the female acute, the female convalescent, and the male convalescent units at the time the study was done. The personnel interviewed were all the personnel assigned to day duty and relief duty in this same interval. It was felt that the selection of these three head nurse units would give a well-rounded picture of the hospital.

The third source of data was an examination of the educational plan for students of nursing enrolled in the basic program of the hospital that was in use at the time of the study. This was done for the purpose of determing whether a consideration of the factors of interpersonal relations was being included in the curriculum for the students of nursing.

The fourth source of data was the results of an application of the findings and a spot check to determine whether or not a subsequent group of nursing personnel would have similar reasons for liking and disliking patients. This was done three months after the material for the original study was collected.

From the interviews with the patients and nursing personnel, the reasons given for liking and disliking patients and personnel were tabulated. Comparisons were made of

likenesses and differences which occured in the different classi-
fications of nursing personnel, differences in sex, and degree
of illness of patients. Inferences were drawn from these data.
The results were then applied to the educational plan.

Pattern of Presentation

The subsequent chapter will present the point of view
which serves as the frame of reference underlying the study.
Following this, in Chapter III, will be a brief description of
the setting and a detailed description of the methods used. A
presentation of the data and an analysis of the implications
will be found in Chapter IV. Chapter V presents the significant
inferences which can be drawn from the data. Chapter VI presents
the current educational plan of the hospital where the study was
undertaken, and Chapter VII presents trial methods used to
include the findings of the study in this educational plan. The
conclusions which can be drawn from the study are found in
Chapter VIII. These are followed by a proposed plan for
utilizing the findings of this study in the educational plan.

CHAPTER II

FRAME OF REFERENCE UNDERLYING THE STUDY

For the purpose of this study, a set of convictions was accepted about the social components of mental illness. Some of the underlying principles are stated in the following:

1. Functional mental illness is usually manifested by a person who is unable to form good interpersonal relations in the culture in which he lives. Mental illness of organic or neurological origin, also, presents faulty personality functioning which makes necessary a consideration of factors in interpersonal relations.

2. The hospital is a community of interacting individuals.

3. In the hospital community, the patient and the nursing personnel set up ideals of action both for themselves and for others.

These facts imply that the social adjustment and group life of the patient in the mental hospital are important to his prognosis and his ability to make a good social adjustment in our present-day culture. People are in a mental hospital because in some way or other they have not lived up to what the community considers "right and proper". This does not mean that

the trouble lies in social maladjustment only. More often, the
social maladjustment is merely an outward manifestation of some
deeper personality difficulty. A person may be mentally ill but
is not generally marked off from his fellows unless he is having
so much trouble that he can no longer go through the motions of
ordinary social contacts. Therefore, when the deviation from
normal becomes so marked that the individual is considered
"queer" and sick, hospitalization may become necessary.

Horney points out[1] that the greatest difficulty of the
neurotic is his inability to form warm relationships, even
though emotionally he is very dependent on others. Since, in
our culture, the making and keeping of friends is generally
considered one's own business, a neurotic person may be greatly
isolated and troubled before any one realizes that he needs
help. A whole tradition of individualism and independance
hinders man from admitting his troubles and discourages others
from finding them out.

Normal human relations imply the ability to give and
take, the ability to show sympathy and understanding, as well
as interest in others. Some people have never been able to
form warm interpersonal relationships because they have not
matured to the adult level of adjustment. Others may have shied
away from warm relationships because of some shock situation
which they might have had in the past in attempting to form

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[1]
    Karen Horney: _The Neurotic Personality of Our Time_,
New York, W.W. Norton and Co., 1937 pp. 229.

such relationships. Thus the need may be repressed or chan-
neled off in other directions.

The ability to establish good social contacts, therefore,
becomes an important objective in the recovery from mental
illness. The ordinary community cannot be adjusted to the
needs of every mentally ill patient. The very size and com-
plexity of the community frequently enhances the difficulties
of the mentally ill. For many of these patients, the smaller
world of the mental hospital, or even one unit of the mental
hospital provides a more suitable environment in which he can
be helped back to normal adjustment. Here, the patient tends
to find a less complex situation, better organized, more under-
standing of his needs, and more flexible in its adjustment to
him. A good psychiatric hospital provides an environment which
is conducive to aiding the patient who has failed for some
reason or other in his social interactions to re-establish the
essential human ability of forming warm interpersonal contacts.
The success or failure of the hospital community to accomplish
its end is dependent primarily on its human facilities, particu-
larly on the persons immediately concerned in the patients'
care. A major portion of the patient's therapy is directed
toward re-establishment of his ability to form good interpersonal
relationships. Each member of the hospital personnel associ-
ated with the patient in face-to-face contacts becomes an agent
in this social therapy. It becomes apparent, then, that they
need skill in helping the patient re-establish good relation-
ships. Moreover, in carrying out its aim, the hospital has the

responsibility not only to aid the patient to become well and happy within the small confines of the hospital world, but to prepare him to re-enter the world outside of the hospital with relative ease of adjustment. This is usually achieved by helping him first to form better relationships with people in the hospital community, and later encouraging him to extend his relationships to people outside.

Nurses carry into the hospital community some ideas of how patients should and do act. Patients, too, have ideas of how they expect nurses to act. Many of these ideas may be stereotypes, popular caricatures, or rigid images conditioned by previous experiences, some of which may or may not be valid. Both the nursing personnel and the patients need to recognize the presence of these stereotypes in order to achieve satisfactory interpersonal relations.

One of the problems, then is to aid the nurse to understand the patient as a person, and in turn to aid the patient to understand the nurse as a person. This can be achieved in part through helping the nurse develop a desire to understand the patient's behavior. This is true not only in nurse-patient relationship in psychiatric nursing, but it is also true in all phases of nursing. It is necessary for the nurse in the general hospital to acquire skill in understanding interpersonal relationships with patients who have more control over the objective expression of their ideas, attitudes, and thoughts. Psychiatric nursing tends to help the personnel to gain better insight into less obvious signs of behavior and emotional disturbances of

the so-called normal patients, co-workers, and peers. By learning how to aid psychotic patients, one grows in stature in all other human relationships.

The person who is mentally sick has suffered a social maladjustment in the larger community. Re-adjustment is easier and usually faster in the smaller, more understanding community built around his needs - the mental hospital. In a community such as this, the patient must have confidence that others know their roles, and that he has an important role to play. He must have an opportunity to establish normal, warm, human relationships and to feel part of the community as a whole.

It becomes obvious that any study of a psychiatric hospital community must take into consideration the physical facilities and their effect on good relationships as well as the characteristics of the personnel in promoting rapport.

CHAPTER III

ANALYSIS OF THE PROBLEM IN ITS SETTING

Setting of the Problem

The hospital in which this study was undertaken is primarily a treatment, diagnostic, and research center for the care of the mentally ill. Ogilby[1] states that:

> With the advent of 1944 the emphasis of the hospital changed from doing so much diagnostic work to combining diagnosis with more treatment, so that today the yearly intake of patients averages around 1100, with a number of patients remaining in the hospital for several months so they may receive treatment.

Unlike the typical state hospital where the average residence of patients is a matter of years, the average residence of patients in this hospital is less than three months.[2]

The hospital has a normal capacity of 117 beds. It has a total personnel of 174 full time paid workers in addition to the affiliate nursing students and volunteers.[3] It has

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[1] Anne P. Ogilby, _Environmental Factors and Mental Disturbances, A Study of Sixty Patients with Boston Residence.,_ (Unpublished Master's Thesis, Simmons College School of Social Work, 1946), ii 54.

[2] Information obtained from Hospital Record Room, March 7, 1950.

[3] Ibid, March 7, 1950.
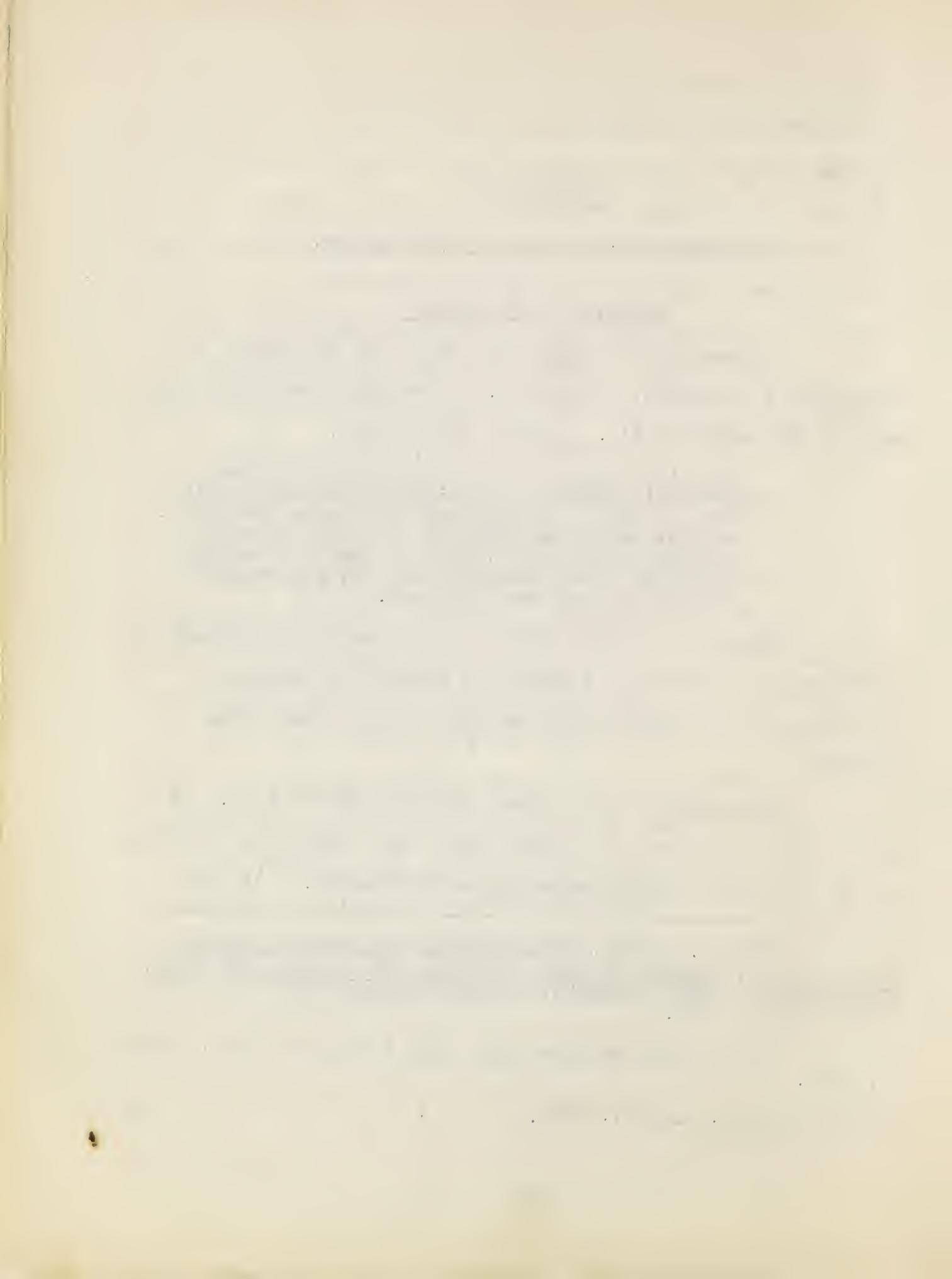
varied and diverse training facilities. It serves as a field work center for training graduate nurse students, social service students, psychology interns, psychiatry interns, students in the field of sociology, theology, occupational therapy, and physiotherapy. In addition, the hospital offers training facilities for students enrolled in the basic program of five general hospitals. At present, their experience is provided on four head nurse units. They spend an average of two weeks on each service and may return to any one for a second time. The affiliation is approved by the State Approving Authority.

Comparatively speaking, the hospital is well staffed. There are 40 doctors on the regular and visiting staff, 15 graduate nurses, 27 affiliate nursing students from general hospitals, and 49 attendants. There are, in addition, 35 volunteers who spend an average of 220 hours a week in the hospital. It must be borne in mind, however, that this hospital is unlike the typical large state hospital. According to the U. S. Department of Commerce figures in Patients in Mental Institutions-1946[4] the average patient-employee ratio for hospitals similar to this is 1 to .8. The hospital under study has a 1 to 1.6 ratio of patients to employee. The effectiveness of treatment is indicated by the fact that each year more than 85 per cent of the patients are discharged to the community.

There are four head nurse units in this hospital: two

[4] U. S. Department of Commerce, Bureau of Census. Patients in Mental Institutions-1946. U. S. Government Printing Office, Washington: 1948. Page 27, Table XIII.
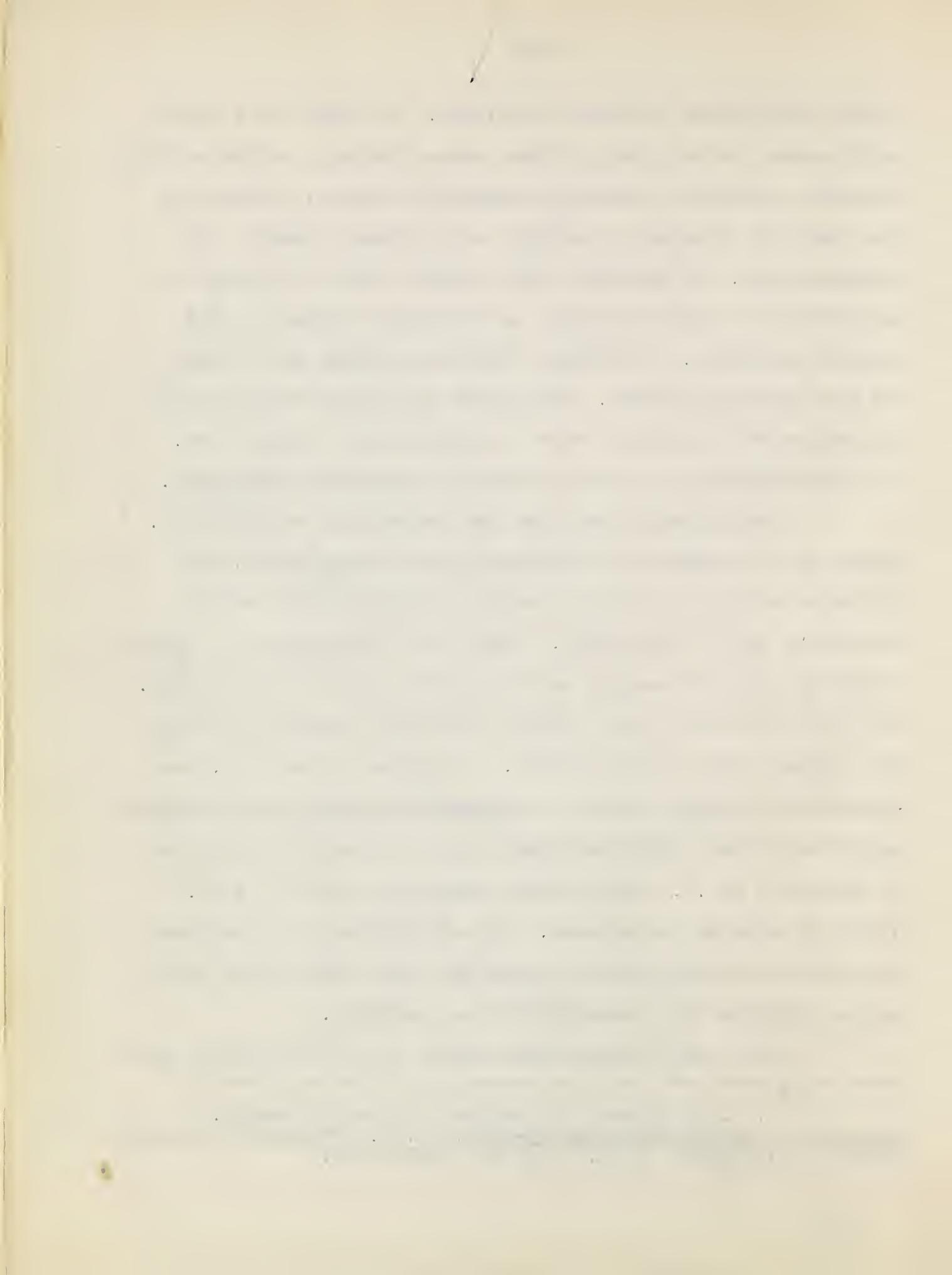
admission and acute units, one male and one female; and two convalescent units, one male and one female. An important factor is the size of these units, ranging from 26-33 beds. This is smaller than the head nurse units of the typical large state institution. In addition, there is a small open unit for female patients which is being used at this time as a self-governing open ward for eleven convalescent women patients. The atmosphere of the hospital is outstanding because of its permissiveness. Socialization is encouraged not only on the unit itself but also in the recreation room used jointly by male and female convalescent patients. Patients help plan for their own entertainment. Patient government is very active.

Methods of Analyzing the Problem

In general, two methods were used to gather information for this study; the first was observation and interview; the second, an application of the Moreno sociometric choice.

Observation and Interview

Each head nurse unit was studied separately for approximately three weeks each. The first week was spent in observing and noting the sociometric choices of patients and personnel. When the observer felt that she was no longer an intruder in the hospital community, the patients and personnel were interviewed. The interviews were recorded verbatim at the time they took place. At no time did the investigator become directive nor did she mention choices made by others. Approximately two weeks was spent in interview on each of the three head nurse units.

The nursing personnel were questioned about their feeling with regard to each of the patients on the unit. At the close of the interview each was asked to select from all the patients on the unit, one-fourth whom they classified as "liked" and one-fourth whom they classified as "disliked". They were asked to list these in rank order, beginning with arabic numeral 1, according to ease or difficulty with which they formed relationships with the patients. In like manner, the patients were asked to make choices of the nursing personnel on their own units. The approach to the patients was informally at a time when each was apparently receptive to information with regard to the purpose of the study.

As can be seen from Table I, the number of patients interviewed does not correspond to the total number on each unit. Thirteen patients on the three head nurse units made no choices concerning the personnel liked. Ten of the thirty-three patients on the female acute unit made no choices. Of these ten, four were lobotomy patients who were unable to participate during the first post-operative days, three were disoriented and, therefore, were unable to make choices, and three were transferred before they could be interviewed. The other three patients who made no choices were on the male convalescent unit. Two of the latter refused, and one was discharged before he could be interviewed. All the patients on the female convalescent unit made choices. Seventy per cent of the hospital population participated in this study which points to the fact that this is a reliable sampling.

TABLE I

TOTAL NUMBER OF PATIENTS AND PERSONNEL
ON THREE HEAD NURSE UNITS AND
THE TOTAL NUMBER OF PATIENTS AND PERSONNEL INTERVIEWED

Head Nurse Unit	Average Census of Head Nurse Unit	Number of Patients Interviewed	Total Number of Personnel	Number of Personnel Interviewed
Female Acute Unit	33	23	11	11
Female Convalescent Unit	27	27	8	8
Male Convalescent Unit	26	23	7	7
Total:	86	73	26	26

Source: Compiled from Interviews and Daily Census Records.

The factors disturbing to the nursing personnel in their ability to form good relationships were obtained from the interviews. These were tabulated and classified according to those characteristics which were conducive or disturbing to the formation of good interpersonal relations.

The responses were tabulated for each of the classifications of personnel and were summarized according to the differences and similarities of the stated reasons. Comparisons were made between the differences in reasons given for liking and disliking patients according to degree of illness and sex of the patient.

The number of times the patient was selected by the nursing personnel as one with whom they were able to establish rapport with ease or difficulty was tabulated. These data were examined to determine the extent to which the personnel reciprocate the likes or dislikes of the patients. The traits which "liked" patients had in common and the traits which "disliked" patients had in common were analyzed. Similarly, "liked" and "disliked" personnel were studied. Interviews with the patients further identified personality traits of individual personnel which interfere with their effectiveness in establishing good relationships.

Moreno Technique

A modification of the Moreno technique was used to ascertain whether liking or disliking was reciprocated among patients. The patients on the two convalescent units were asked to choose

the three patients with whom they were the most friendly. This
data was examined to determine whether patients liked by the
personnel were also accepted and liked by their peers.

The results and analysis of the traits of the patients
which were disturbing to the personnel were incorporated in
suggested teaching methods. These included work with the
attendants, affiliating students of nursing, the graduate nurses,
and the patients themselves.

CHAPTER IV

PRESENTATION OF THE DATA

Application of the foregoing method revealed certain characteristics of liked and disliked patients and liked and disliked personnel. These traits will be examined in order to identify those which are common to the patients and personnel on all three head nurse units and to determine whether there are differences which might be attributed to sex or degree of illness.

Behavior Traits Stated as Reason For Liking and Disliking Patients

The characteristics of the patients obtained through the interviews with nursing personnel were analyzed and classified into three categories; namely, ward adjustment of the patient, personality traits of the patient, and nurse-patient relationships.

Reasons for Liking Patients

When the reasons given for "liking patients" were examined, it was noted that there were simularities in characteristics for patients on all three head nurse units, but the frequency with which a given characteristic was mentioned differed markedly at times from unit to unit.

Ward adjustment In the category of ward adjustment,

"helping with the ward work" seems to be the most important single trait for being liked on both the acute and convalescent female units, while it falls into third place in frequency on the male unit.

Personality traits "Co-operative" seems to be the most important single trait for being liked on each of the three head nurse units. "Friendliness" is the second trait in frequency on the female acute and the male convalescent units, and third on the female convalescent unit. "Quiet" is chosen as second on the female convalescent, third on the female acute, and fourth on the male convalescent unit.

Nurse-patient relationships On the male and female convalescent units, "the personnel feel that the patient is improving" is most frequently chosen in this category. On the female acute unit, this ranks third. "Talking with the personnel" is most frequently chosen on the female acute unit. This trait is considered much less important on the two convalescent units, ranking 6.5 on the female convalescent and 8.5 on the male convalescent unit. These simularities and differences may be more readily examined from the summaries presented in Table 2. Figure I may be used to show graphically the order by frequency of these traits beginning with the highest to the lowest. It points up the simularities and differences in frequency.

Reasons for Disliking Patients

In like manner, when the reasons for disliking patients

were examined, it was found that although there were similari-
ties in the characteristics given as reasons, in some cases
the frequency with which a given characteristic was mentioned
differed markedly from unit to unit.

Ward adjustment "Breaks ward rules" is given as the
most frequent reason for disliking patients on the female acute
unit, while it ranks 2.5 on the female convalescent and second
on the male convalescent units. "Does not help with the ward
work" ranks first on the female convalescent unit, third on
the female acute unit, and interestingly enough, is not a factor
for not liking on the male convalescent unit. "Does not get
along with other patients" ranks first for not liking patients
in the male convalescent unit, second on the female acute, and
2.5 on the female convalescent.

Personality traits More marked differences can be
seen in the number of times each trait is considered important
in this category than in any of the others. "Unpredictable"
ranks as first reason for not liking patients on the female
acute unit, 3.5 on the female convalescent, and fifth on the
male convalescent units. "Unco-operative" ranks first on the
female convalescent unit, and is comparatively high, 3.5, on
the male convalescent unit, and, significantly, eleventh on
the female acute unit. "Demanding" is the trait that causes
more people to dislike patients on the male convalescent unit,
3.5 on the female convalescent, and is in fifth place on the
female acute unit.

Nurse-patient relationship "Not knowing how to

TABLE 2

CHARACTERISTICS OF PATIENTS WHO ARE LIKED BY NURSING
PERSONNEL ON THREE HEAD NURSE UNITS IN TERMS OF PERCENTAGE
OF TOTAL NUMBER OF TIMES FAVORABLE
TRAITS WERE MENTIONED

Traits Liked in Patients	HEAD NURSE UNIT					
	Female Acute		Female Convalescent		Male Convalescent	
	No. of Times Mentioned	% of Total for Unit	No. of Times Mentioned	% of Total for Unit	No. of Times Mentioned	% of Total for Unit
Patient's Ward Adjustment: Helps with Ward work	57	25.3	38	16.9	14	10.6
Enjoys doing things for other patients	21	9.4	16	7.2	3	2.2
Personality Traits of Patients: Cooperative	25	11.1	28	12.0	26	19.6
Friendly	21	9.4	21	9.4	20	15.0
Quiet	9	4.0	23	10.2	7	5.3
Easy to get along with	1	.4	20	8.9	12	8.0
Neat, attractive	3	1.3	13	5.9	-	-
Young	7	3.1	3	1.3	2	1.4
Appreciative	6	2.7	5	2.2	1	.7
Nurse-Patient Relationship: Personnel feel patient is improving	13	5.9	12	5.4	10	7.5
Personnel feel sorry for patient	14	6.2	6	2.7	6	4.5
Have something in common with patient	8	3.5	7	3.1	7	5.3
Patient does things for personnel	8	3.5	7	3.1	7	5.3
Talks with personnel	16	7.2	6	2.7	2	1.4
Easy to talk to	6	2.7	8	3.5	5	3.6
Presents no problem to personnel	3	1.3	6	2.7	5	3.6
Is challenge to personnel	-	-	-	-	5	3.6
Patient is motherly type	4	1.9	2	.9	-	-
Personnel feel they can help patient	-	-	2	.9	2	1.4
Likes physically ill patients	2	.9	-	-	-	-
Likes elderly patients	1	.4	1	.4	-	-
Total	225	100.1%	225	99.4%	134	99.1%

Source: Interviews with Personnel.
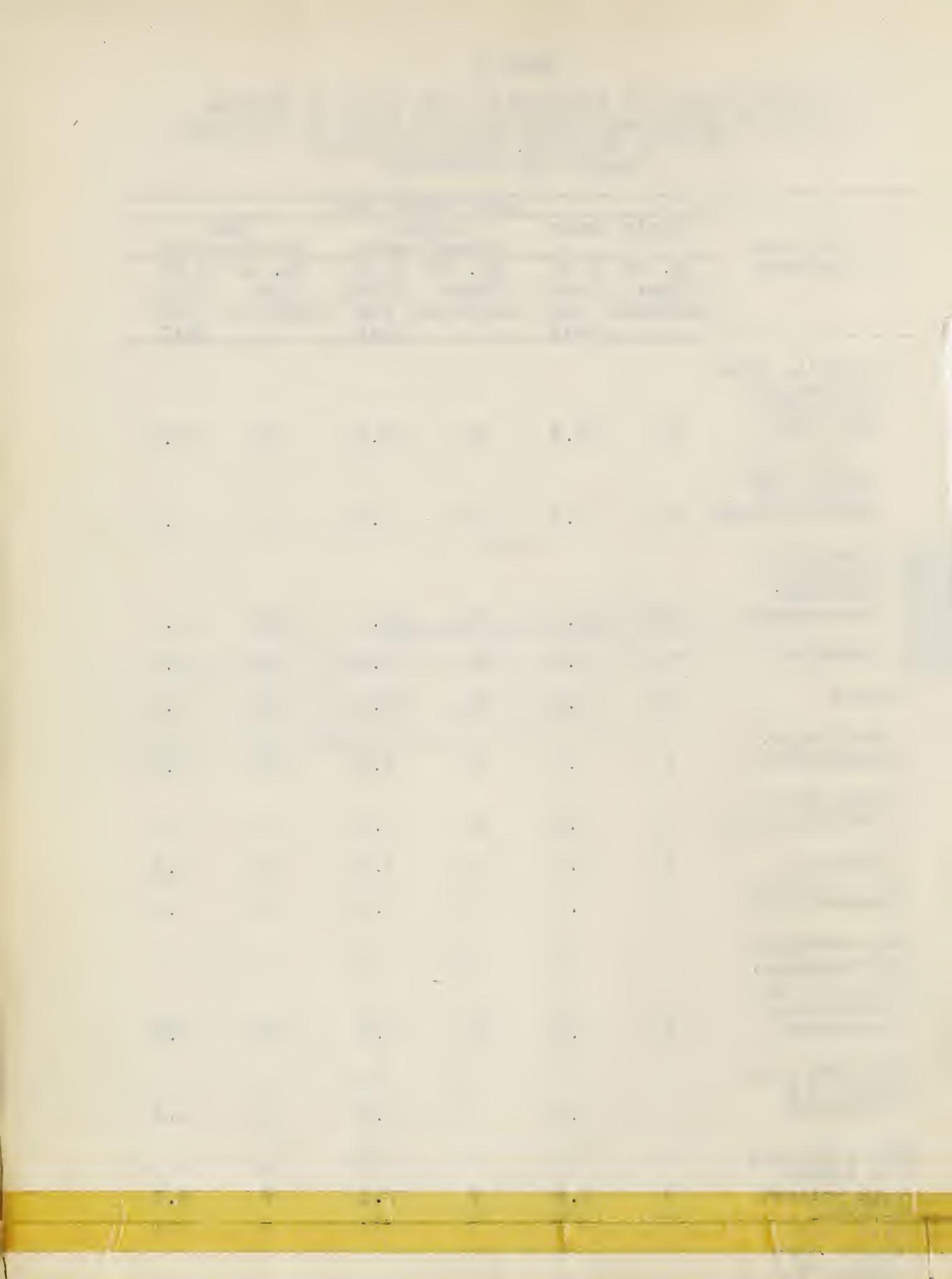
FIGURE I.
REASONS GIVEN FOR LIKING PATIENTS ON THREE HEAD NURSE UNITS
ARRANGED IN RANK ORDER OF TOTAL FREQUENCY

Per Cent of Total Times Mentioned
on Each Head Nurse Unit

Favorable Trait

Helps with unit work

Cooperative

Friendly

Quiet

Appears to be
improving

Enjoys doing things
for other patients

Easy to get along with

Arouses sympathy of
personnel

Talks with personnel

Does things for
personnel

Has something in common
with personnel

Easy to talk to

Presents no problem to
the personnel

Neat, attractive

Young

Appreciative

Is challenge to personnel

"Motherly" type

Can be helped

Is physically ill

Is elderly
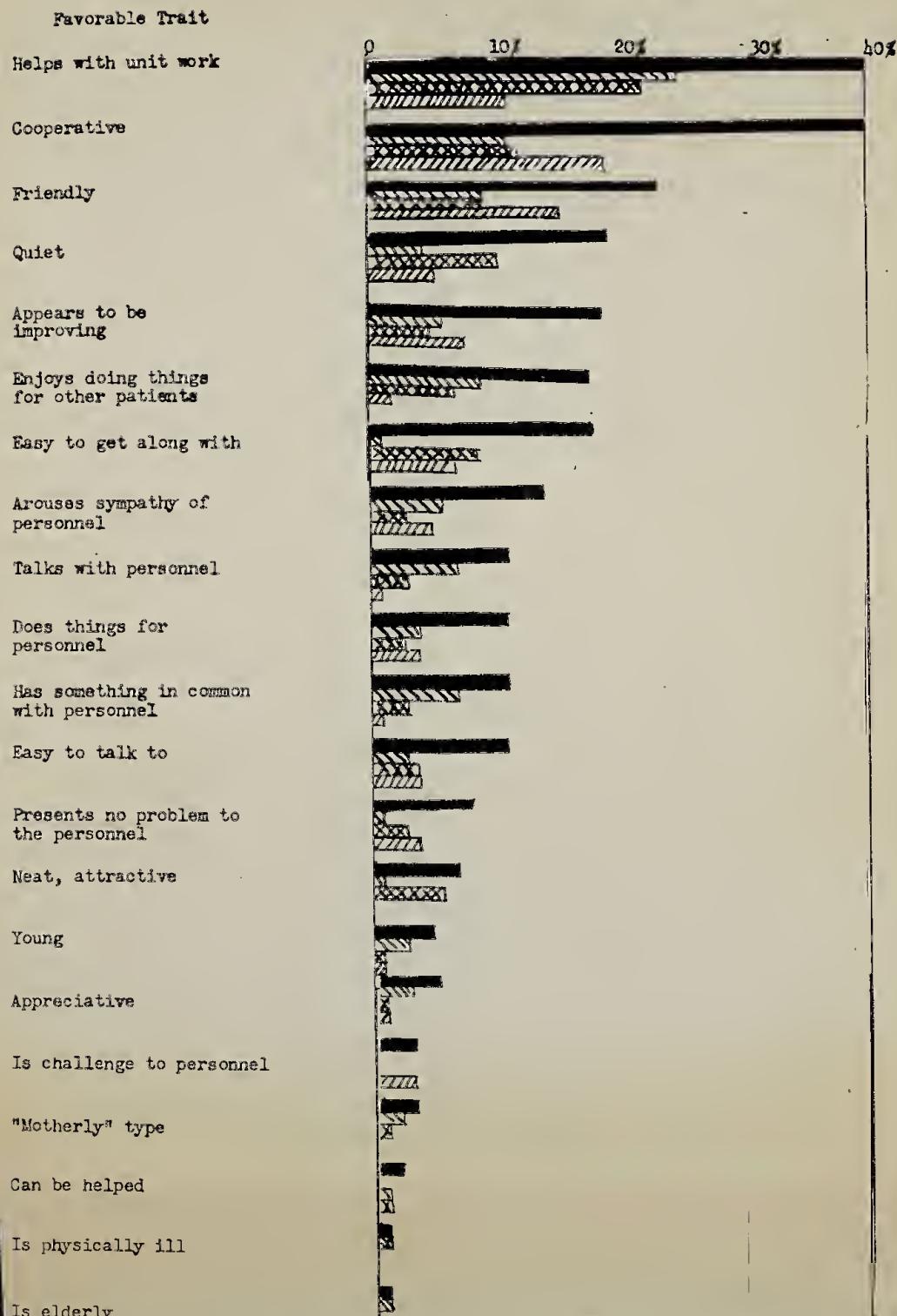
Female acute ward-
Female convalescent ward-
Male convalescent ward-
Total-
Source: Table 2

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TABLE 3

CHARACTERISTICS OF PATIENTS WHO ARE NOT LIKED BY NURSING
PERSONNEL ON THREE HEAD NURSE UNITS IN TERMS OF PERCENTAGE
OF TOTAL NUMBER OF TIMES UNFAVORABLE
TRAITS WERE MENTIONED

Unfavorable Traits of Patients	HEAD NURSE UNIT					
	Female Acute		Female Convalescent		Male Convalescent	
	No. of Times Mentioned	% of Total for Unit	No. of Times Mentioned	% of Total for Unit	No. of Times Mentioned	% of Total for Unit
Patient's Ward Adjustment: Does not get along with other patients	13	6.7	4	4.4	4	5.5
Breaks ward rules	14	7.2	4	4.4	1	1.4
Does not help with ward work	12	6.2	5	5.9	-	-
Personality Traits of Patient: Demanding	10	5.2	8	9.2	16	22.4
Quiet and withdrawn	14	7.2	8	9.2	12	16.8
Unoooperative	3	1.6	11	12.7	10	14.0
Unpredictable	19	9.8	8	9.2	5	7.0
Slow	11	5.7	1	1.1	10	14.0
Sarcastic	12	6.2	6	6.9	5	7.0
Silly	9	4.6	4	4.4	-	-
Complaining	4	2.1	3	3.3	-	-
Untidy	7	3.6	-	-	-	-
Depressed	5	2.6	-	-	-	-
Assaultive	4	2.1	-	-	-	-
Lazy	-	-	-	-	1	1.4
Nurse-Patient Relationship: Personnel does not know how to approach patient	18	9.3	3	3.3	3	4.1
Fondles personnel or makes advances	2	1.0	7	8.0	2	2.8
Personnel afraid of patient	5	2.6	5	5.9	2	2.8
Personnel find it difficult to understand patient	16	8.3	1	1.1	-	-
Patient repeats or asks same thing over	6	3.1	4	4.4	-	-
Not improving	2	1.0	2	2.3	1	1.4
Patient looks for sympathy	2	1.0	3	3.3	-	-
Ignores personnel	5	2.6	-	-	-	-
Personnel feels that patient starts trouble on unit	-	-	-	-	1	1.4
Total:	193	99.7%	87	99%	73	100%

Source: Interviews with Personnel.

FIGURE II.
REASONS GIVEN FOR DISLIKING PATIENTS ON THREE HEAD NURSE UNITS
ARRANGED IN RANK ORDER OF TOTAL FREQUENCY

Per Cent of Total Times Mentioned
on Each Head Nurse Unit

Unfavorable Trait

Demanding

Quiet and Withdrawn

Uncooperative

Slow

Sarcastic

Difficult to approach

Does not get along
with other patients

Breaks ward rules

Does not help with
ward work

Fondles personnel or
makes advances

Arouses fear in
personnel

Difficult to understand

Silly

Repeats or asks same
thing over

Complaining

Not improving

Looks for sympathy

Untidy in appearance

Depressed

Ignores personnel

Assaultive

Lazy

Starts trouble on ward

Female acute ward—
Female convalescent ward—
Male convalescent ward—
Total—

Source: Table 3

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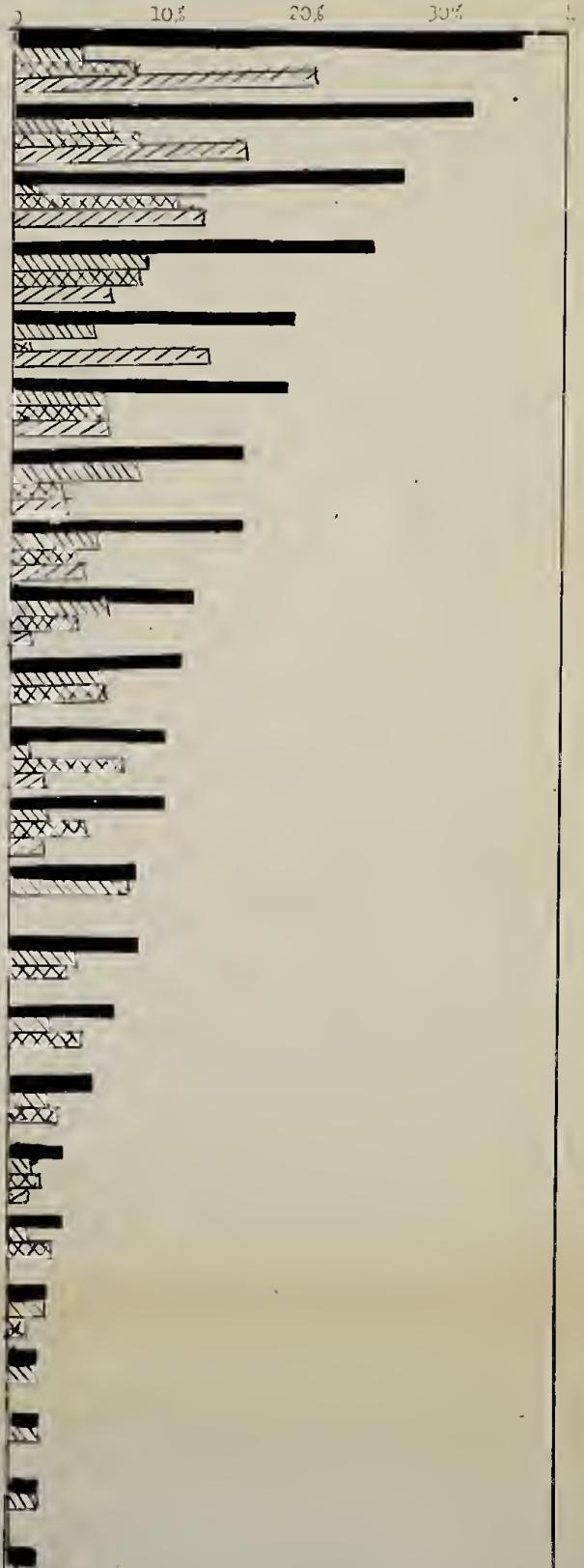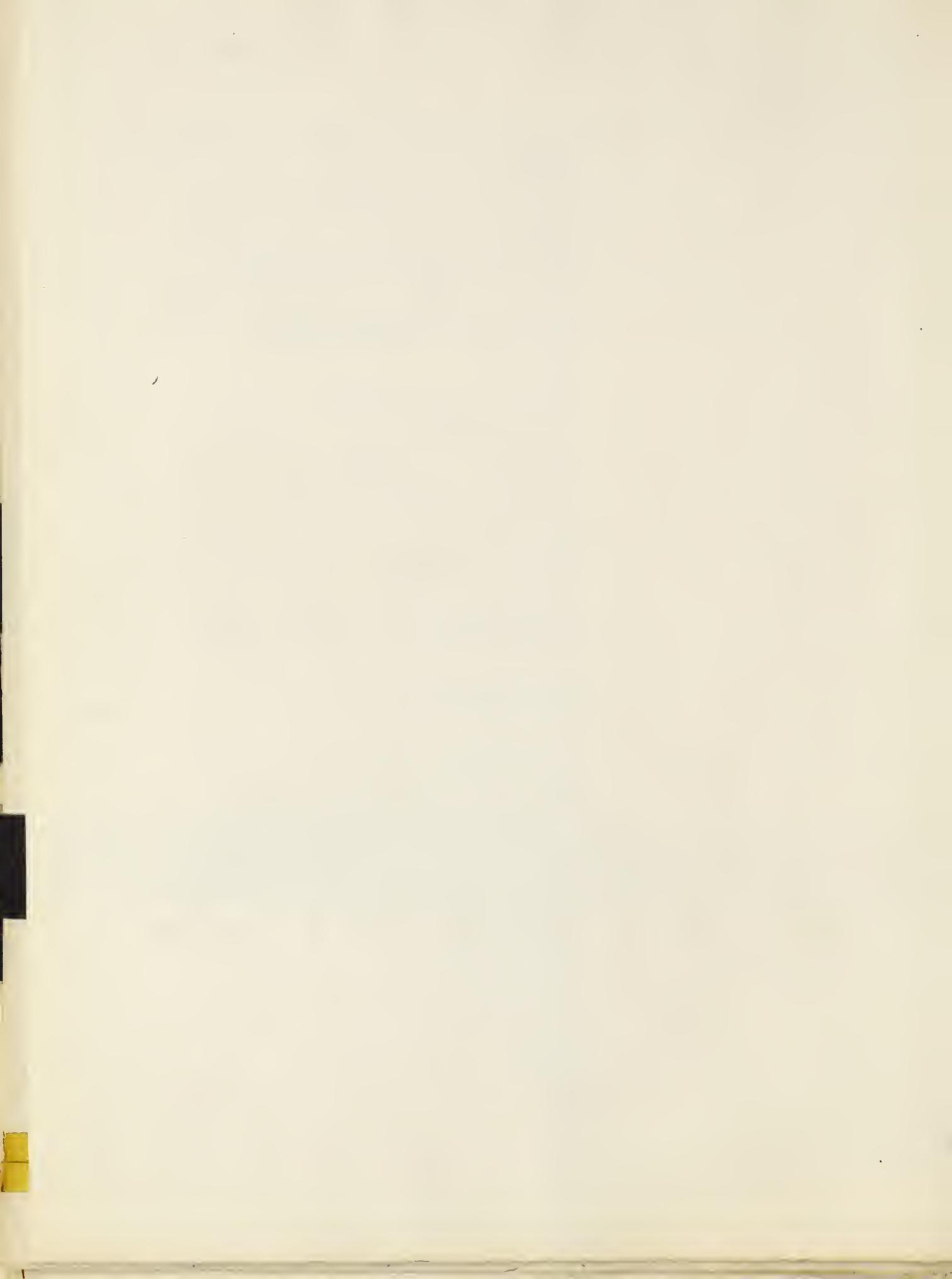
approach the patient" ranks first on both the female acute and
male convalescent units, and 4.5 on the female convalescent unit.
The personnel on the female convalescent unit rank "patient who
fondles personnel or makes sexual advances" first as most
frequent reason for disliking patients. This ranks compara-
tively high on the male convalescent unit, 2.5 and seventh on
the female acute unit. These similarities and differences can
be more readily seen in the summaries presented in Table 3 and
Figure 11.

Reasons Classified by Types of Personnel

Do graduate nurses, students of nursing, and at-
tendants react in the same manner to characteristics which
promote liking or disliking? To ascertain this, it was neces-
sary to further refine the examination of the data.

In general it was found that the following reasons
for liking patients are:

  a. Common to all nursing personnel:

       1. Cooperative
       2. Quiet
       3. Enjoys doing things for other patients
       4. Personnel feel that patient is improving
       5. Patient does things for personnel

  b. Common to the nurses, but not the attendants:

       1. Feels sorry for the patient
       2. Patient has something in common with personnel

  c. Common to the attendants, but not the graduate
      nurses or the students of nursing:

       1. Helps with ward work
       2. Patient is easy to get along with

The following are reasons for disliking patients that

are:

      a.   Common to all nursing personnel:

          1. Doesn't get along with other patients
          2. Uncooperative
          3. Unpredictable

      b.   Common to the nursing group, but not the attendants:

          1. Doesn't know how to approach the patient
          2. Finds it difficult to understand the patient

      c.   Common to the attendant group, but not the graduates
          or the students of nursing:

          1. Doesn't help with the ward work
          2. Slow
          3. Breaks ward rules

These factors may be clearly seen from Tables 4-10 which follow and Tables 29-34 in the Appendix.

Likes and Dislikes According to Sex

Since it is apparent that some of the characteristics for "liked patients" were also given for "disliked patients", it seems advisable to compare the specific characteristics which were mentioned. While the sampling is too small to determine whether or not sex is a factor, it points toward the need for further study to determine whether the sex of the patient or personnel influences liking. As can be seen from Table 11, it was noted that characteristics stated for liking and disliking varied with the sex of the patient and the sex of the personnel. From reasons taken verbatim from remarks of the female personnel, the left hand column shows why male patients were liked, and the right hand column shows that similar reasons are given for disliking female patients.
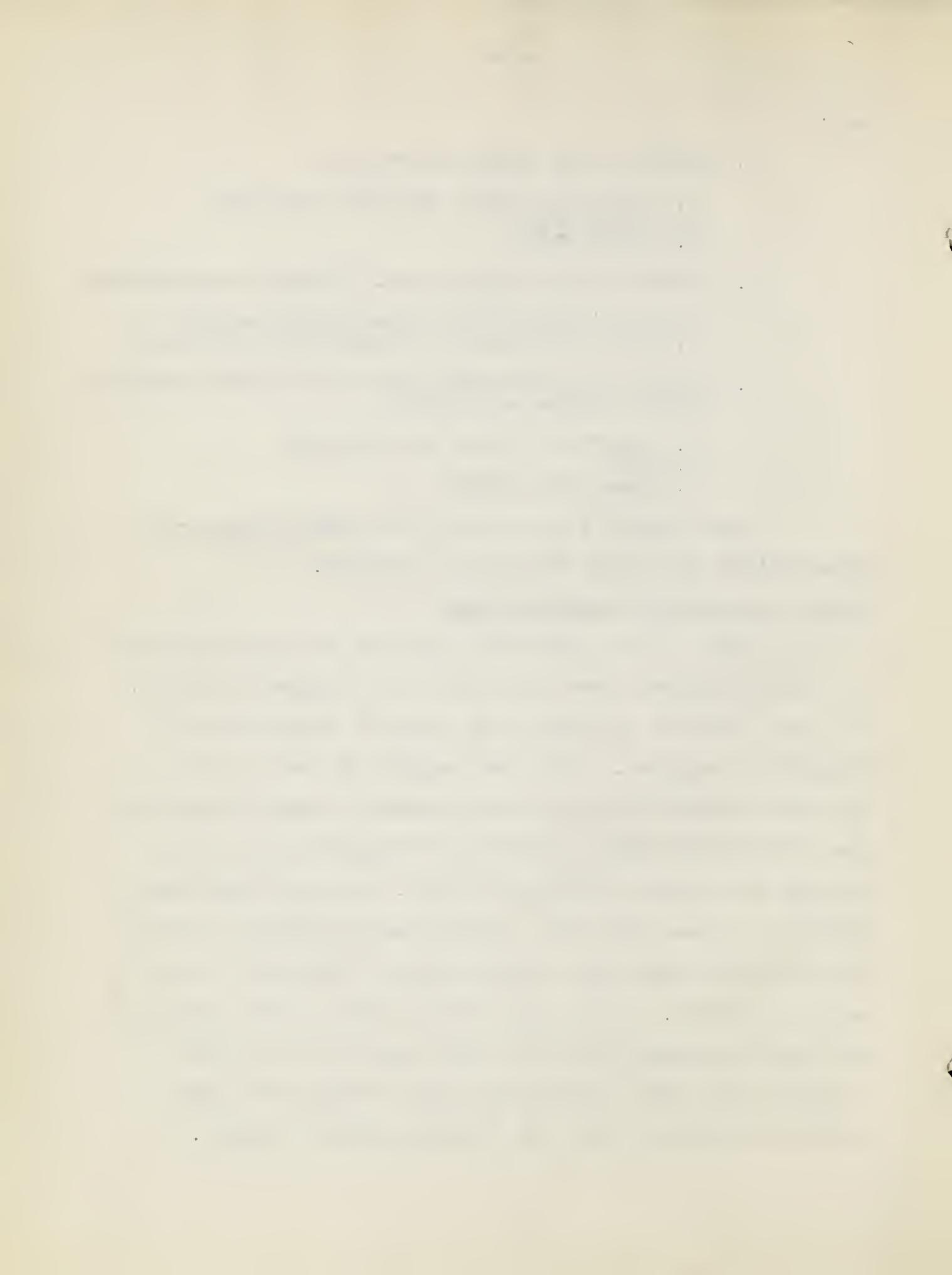
TABLE 4

WARD WORK AS A FACTOR FOR DISLIKING AND LIKING PATIENTS
ON THE FEMALE ACUTE UNIT

Number of Times Chosen as Trait	Head Nurse	To-tal	Students of Nursing				To-tal	Attendants						To-tal
	J		C	E	G	I		A	B	D	F	H	K	
Disliked Does not help with ward work	-	0	1	-	-	-	1	2	1	3	-	4	1	11
Liked Helps with ward work	-	0	-	4	-	1	5	9	9	11	7	7	9	52

Source: Tables 29 and 32 Appendix

TABLE 5

WARD WORK AS A FACTOR FOR DISLIKING AND LIKING PATIENTS ON THE FEMALE CONVALESCENT UNIT

Number of Times Chosen as Trait	Head Nurse	To-tal	Students of Nursing				To-tal	Attendants			To-tal
	R		L	N	O	Q		M	P	S	
Disliked Does not help with ward work	-	0	-	1	-	-	1	1	2	1	4
Liked Helps with ward work	4	4	2	3	-	3	8	9	11	6	26

Source: Tables 30 and 33 Appendix

TABLE 6

WARD WORK AS A FACTOR FOR DISLIKING AND LIKING
PATIENTS ON MALE CONVALESCENT UNIT

Number of Times Chosen as Trait	Personnel									
	Head Nurse	To-tal	Students of Nursing		To-tal	Attendants				To-tal
	V		T	U		W	X	Y	Z	
Disliked Does not help with ward work	-	0	-	-	0	-	-	-	-	0
Liked Helps with ward work	1	1	1	3	4	5	1	2	1	9

Source: Tables 31 and 34 Appendix
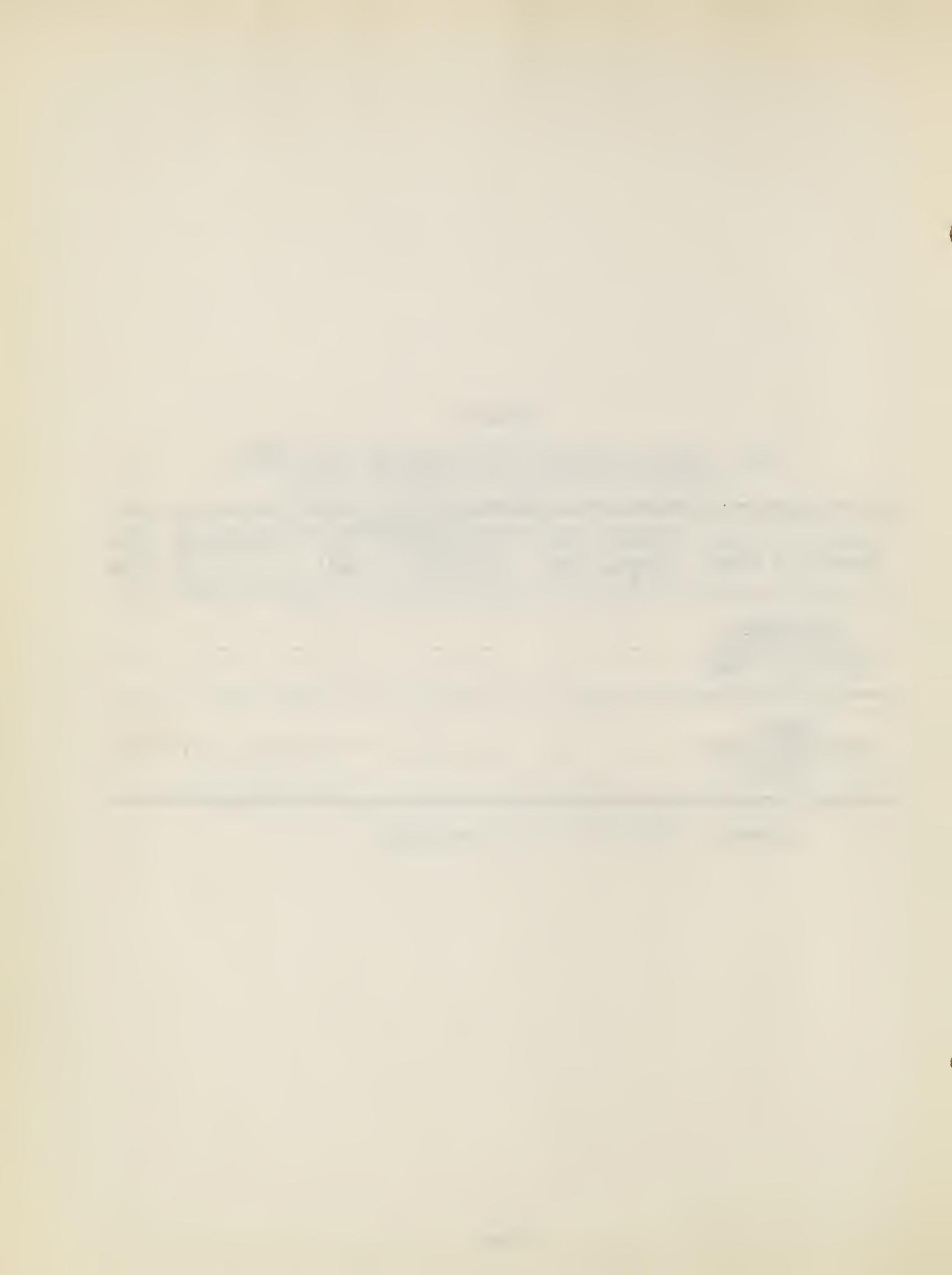
TABLE 7

CO-OPERATIVENESS AND UNCO-OPERATIVENESS AS FACTORS FOR DISLIKING AND LIKING PATIENTS ON THREE HEAD NURSE UNITS

Number of Times Chosen as Trait	Head Nurse	To-tal	Students of Nursing				To-tal	Attendants						To-tal
Female Acute Unit	J		C	E	G	I		A	B	D	F	H	K	
Unco-operative	–	0	–	–	2	–	2	–	–	–	–	–	–	0
Co-operative	5	5	–	3	–	–	3	4	3	3	2	–	–	12
Female Convalescent Unit	R		L	N	O	Q		M	P	S				
Unco-operative	3	3	–	–	–	4	4	3	–	1				4
Co-operative	3	3	11	2	2	1	16	3	3	3				9
Male Convalescent Unit	V		T	U				W	X	Y	Z			
Unco-operative	3	3	–	–			0	2	1	3	1			7
Co-operative	1	1	–	4			4	8	2	8	3			21

Source: Tables 29 to 34 Appendix

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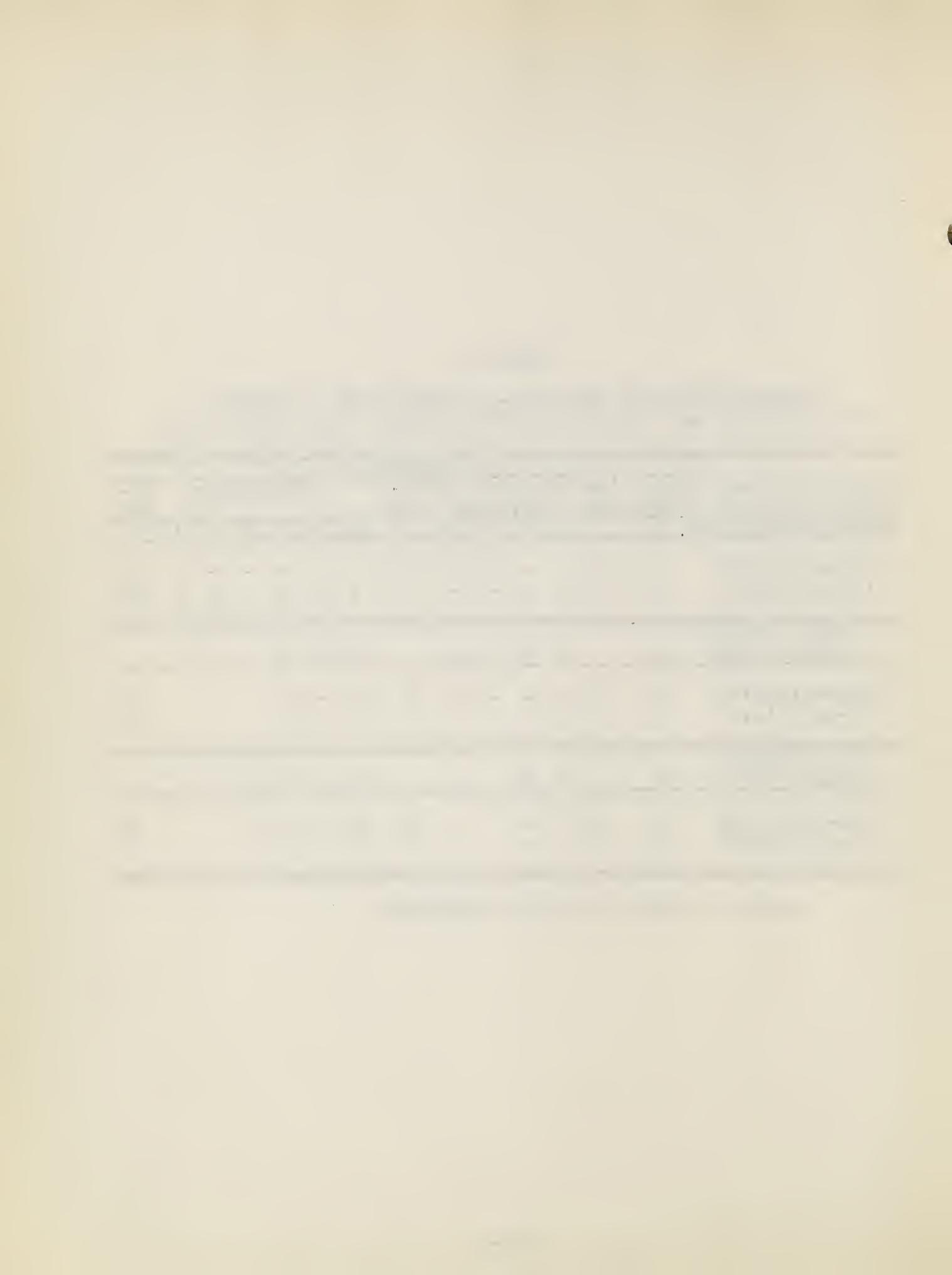
TABLE 8

SLOWNESS AS A FACTOR FOR DISLIKING PATIENTS ON
THREE HEAD NURSE UNITS

Unit	Head Nurse	To-tal	Students of Nursing				To-tal	Attendants						To-tal
Female Acute	J		C	E	G	I		A	B	D	F	H	K	
Number of Times Chosen	-	0	1	-	-	-	1	-	2	-	2	3	3	10
Female Convalescent	R		L	N	O	Q		M	P	S				
Number of Times Chosen	-	0	-	1	-	-	1	-	-	-				0
Male Convalescent	V		T	U				W	X	Y	Z			
Number of Times Chosen	3	3	2	-			2	2	1	1	1			5

Source: Tables 32, 33 and 34 Appendix

TABLE 9

QUIET AS A FACTOR FOR DISLIKING AND LIKING
PATIENTS ON THREE HEAD NURSE UNITS

Number of Times Chosen as Trait	Head Nurse	To-tal	Students of Nursing				To-tal	Attendants						To-tal
Female Acute	J		C	E	G	I		A	B	D	F	H	K	
Quiet and withdrawn	4	4	3	-	-	-	3	2	2	1	1	1	-	7
Quiet (as desirable trait)	1	1	-	1	1	-	2	2	1	-	2	-	1	6
Female Convalescent	R		L	N	O	Q		M	P	S				
Quiet and withdrawn	1	1	1	1	1	-	3	2	1	1				4
Quiet (as desirable trait)	2	2	3	-	3	1	7	7	3	4				14
Male Convalescent	V		T	U				W	X	Y	Z			
Quiet and withdrawn	2	2	-	2			2	1	1	3	3			8
Quiet (as desirable trait)	-	0	-	2			2	2	-	2	1			5

Source: Tables 29 to 34 Appendix

TABLE 10

NOT GETTING ALONG WITH OTHER PATIENTS AND DOING THINGS
FOR OTHER PATIENTS AS FACTORS FOR DISLIKING OR LIKING
PATIENTS ON THREE HEAD NURSE UNITS

Number of Times Chosen as Trait	Head Nurse	To-tal	Students of Nursing				To-tal	Attendants						To-tal
Female Acute	J		C	E	G	I		A	B	D	F	H	K	
Doesn't get along with other patients	1	1	2	2	1	-	5	-	-	2	1	1	3	7
Enjoys doing things for other patients	-	0	2	3	3	-	8	3	2	2	2	3	1	13
Female Convalescent	R		L	N	O	Q		M	P	S				
Doesn't get along with other patients	2	2	-	-	1	-	1	-	1	-				1
Enjoys doing things for other patients	2	2	4	5	-	2	11	-	2	1				3
Male Convalescent	V		T	U				W	X	Y	Z			
Doesn't get along with other patients	-	0	-	1			1	-	-	1	2			3
Enjoys doing things for other patients	-	0	1	-			1	1	1	-	-			2

Source: Tables 29 to 34 Appendix

TABLE 11

COMPARISON OF REASONS FOR LIKING MALE PATIENTS AND FOR DISLIKING FEMALE PATIENTS

Reasons given for liking male patients	Reasons given for disliking female patients
He is a moody person. He has to be urged.	She needs to be urged to do things.
He continually asks to go home. He is always asking if the doctor is around.	She is pretty trying at times, she has to be told the same thing over and over.
It is usually hard to get him to take his treatment.	She has her own ideas about doing things.
He has to be urged to do things.	She does pretty much as she pleases.
He follows me around the unit, puppy love, I guess.	She can be annoying when she keeps complaining to me and following me around.
He does not look like a hopeful patient.	She does not show any signs of getting better.
He is quiet and seclusive. He keeps to himself.	She is very quiet.
He does not join in the group activities, he seems to enjoy doing things with the personnel and not with the patients.	She stays by herself.

Source: Interview Material

Behavior Characteristics Resulting in
Liking and Disliking

It is evident that certain behavior characteristics of mentally ill patients contribute to or interfer with desirable interpersonal relations of nursing personnel to patients. No attempt was made to analyze the total personality of individual personnel. Certain facts stand out, however, which have implications for the kind of preparation needed by persons working with the mentally ill. An attempt will be made to discover why characteristics may be "liked" or "disliked".

Helping with the ward work It was noted that there were two striking factors related to this characteristic. It is of greater concern to the attendants than to any other nursing personnel. It is more significant for the women patients than for the men.

Although in some psychiatric hospitals, patients are depended upon for housekeeping functions, such is not the case in the hospital under study. In this situation, assistance by patients with housekeeping or other hospital service activities is utilized only as a form of therapy. Why, then, should "helping with the ward work" be considered as significant for liking patients and failure to help be a reason for not liking them? It seems obvious that it is a substitute description for characteristics about which attendants may be inarticulate.

In our culture, housework and homemaking are more usually cast as a role for women. Therefore, the expectation

for women to accept is greater than for men. The uncritical acceptance of this role by the attendants probably causes them to react markedly to the acceptance or rejection of it in women patients and to account for the frequency with which it is mentioned on the women's and the infrequency with which it is mentioned on the men's unit. Attendants definitely need help to gain a better understanding of the possible therapeutic aspects of "ward work" in the patients' adjustment to the hospital community and other possible substitute activities which could have equal or even more therapeutic values for individual patients.

Traits Indicating Desirable Social Interactions

One of the functions of the hospital is to lead the patient back to desirable social interactions and acceptance of responsibility is one indication of progress toward that goal.

Co-operativeness The personnel need to appreciate the fact when the patient co-operates but not to condemn him for failure to co-operate. Being "unco-operative" seems to be an important reason for not liking patients on the two convalescent units, while it is of minor importance, ranking nineteenth, on the female acute unit. From these data it is indicated that being unco-operative is an acceptable form of behavior on the female acute unit, while on the two convalescent units this form of behavior is neither accepted nor expected. Both attendants and nurses chose the trait of co-operativeness as a reason for liking and unco-operativeness as a reason for disliking

patients.

Slowness Slowness of the patient appears to be similar in meaning as unco-operativeness, which apparently is more disturbing to the attendant group than to the nursing group on the female acute unit. It is equally disturbing to both attendants and nurses on the male convalescent unit, but it is a generally accepted form of behavior for convalescent female patients. Only one person on this unit, N, a student of nursing, expressed dislike because of this trait. This points to the fact that the nursing personnel on this unit are allowing for the reality factor of slowness and are not disturbed by this.

Feeling the patient is improving This reflects the role of the hospital and the nursing personnel which is to get the patient well. This trait appears to be important to all nursing personnel and raises the question with regard to the importance of this trait in liking patients. It may be that nursing personnel are looking for the satisfaction which comes in the part they play in the patient's recovery and the disappointment they feel when the patient fails to recover.

Quiet "Quiet", meaning well-behaved, is an important trait for liking patients. However, "quiet", meaning quiet and withdrawn, is considered to be undesirable by all the nursing personnel. It may be that the personnel feel rejected by the patient who is quiet and withdrawn and satisfied by the patient who is quiet and well-behaved. The patient described as quiet and withdrawn is not responding to the approaches of the personnel, and is often refusing to interact with the personnel in a

socializing manner. This behavior may be interpreted as a form of rejection which many personnel can tolerate poorly. Perhaps to some, a silent rejection is more threatening than hostile sarcasm.

Certain traits of the patient appear to make the personnel feel insecure and result in the patient not being liked.

Unpredictable "Unpredictable behavior" of the patient is a matter of concern to all nursing personnel. It appears to be of greatest concern on the female acute unit and of less concern on the two convalescent units.

Not knowing how to approach the patient This seems to be more threatening to the students of nursing and the graduate nurses than to the attendant group. The average length of attendant service is 2.6 years. As previously noted, the attendants in this situation have had a much longer period of association with psychotic patients than have had the students of nursing and may have made certain kinds of adjustments during this longer period. However, this points to the need for studying the curriculum to determine whether or not there is sufficient emphasis on understanding approaches to patients. Since there is greater concern about this on the acute female unit than on the two convalescent units, it may be that the curriculum needs strengthening in understanding how to approach the acutely ill patient.

Finding it difficult to understand the patient Since this is a matter of great concern on the female acute unit, it

is apparent that understanding the acutely ill patient becomes
an important part of preparation of nursing personnel. More
emphasis needs to be placed on studying the underlying causes
of human behavior to produce a greater sense of security in
dealing with the acutely ill psychotic patient. Some of the
preceeding factors, such as slowness and unco-operativeness,
may be indications of difficulty in understanding the patient.

Traits That Make Personnel Feel Secure with Patients

Certain traits seem to make the personnel feel secure
with the patient and act as a basis for liking the patient.

Having something in common with a patient This is a
factor for liking which appears to be more important to the
nursing group than to the attendant group. On the female acute
unit all the nurses, with the exception of one, mentioned this
as a reason for liking patients, and the attendant group failed
to mention it. On the male convalescent unit, however, all of
the male attendants liked male patients with whom they "had
something in common". This indicates that male personnel tend
to identify with male patients and that students of nursing
and graduate nurses tend to identify with the female personnel.

Feeling sorry for the patient This trait might have
some elements of identification associated with it. It seems
easier for the personnel to establish good relationships with
the patient when the former has some common basis for identi-
fication.

The stated reasons which affect the personnel's choice

for liking and disliking patients will be given consideration. The pattern of likes and dislikes of patients and personnel will show how these are reciprocated.

Pattern of Likes of Personnel for Patients

The number of patients who were liked by the personnel on each of the three head nurse units showed the following:

1. Approximately one-fourth were not liked by any of the personnel.

2. The number and percentage liked by three or more personnel is greater than the number liked by none.

3. More patients are liked by three or more personnel on the female acute than on the other two units.

Tables 12 and 13 can be used to see the pattern of patients liked on each of the three head nurse units.

Pattern of Dislikes of Personnel for Patients

Negative attitudes of personnel to patients influence the hospital atmosphere and modify the good treatment of the patients. While no attempt was made to determine whether or not overt hostility was shown by personnel towards disliked patients, failure to like a patient is considered, in itself, a limitation to the patient's social relations on the head nurse unit. When the data for disliked patients were examined, the following facts were evident:

1. A greater number are not disliked than are disliked by three or more of the personnel.

2. On the female convalescent unit the greatest number are disliked by none of the personnel and the fewest number are disliked by three or more.

3. The male convalescent unit has the smallest

TABLE 12

THE NUMBER OF PATIENTS LIKED BY THE NUMBER OF PERSONNEL SPECIFIED

Head Nurse Unit	Number of Patients Liked by											
	0 Person-nel	1 Person-nel	2 Person-nel	3 Person-nel	4 Person-nel	5 Person-nel	6 Person-nel	7 Person-nel	8 Person-nel	9 Person-nel	10 Person-nel	Total
Female Acute	8	6	6	3	1	5	1	1	1	0	1	33
Female Convalescent	7	7	5	4	1	2	1	0	0	0	0	27
Male Convalescent	6	4	9	4	1	1	1	0	0	0	0	26
Total	21	17	20	11	3	8	3	1	1	0	1	86

Source: Compiled from interviews.

TABLE 13

NUMBER AND PERCENTAGE OF PATIENTS ON THREE HEAD NURSE UNITS
LIKED BY NUMBER OF PERSONNEL SPECIFIED

Head Nurse Unit	Patients Liked by No Personnel		Patients Liked by One or Two Personnel		Patients Liked by Three or More Personnel	
	Number	Percentage	Number	Percentage	Number	Percentage
Female Acute	8	24.5%	12	36.2%	13	39.3%
Female Convalescent	7	26.6%	12	43.8%	8	29.6%
Male Convalescent	6	23.1%	13	50.0%	7	29.9%

Source: Compiled from Table 12

percentage who are disliked by none of the personnel.

4. One-half as many patients are disliked than are liked by three or more of the personnel.

Tables 14, 15, and 16 may be used to see the pattern of disliking of personnel for patients.

For the purpose of this study, arbitrary classifications of patients were set up. The patients were classified as follows:

1. "popular"- one who is liked by three or more of the personnel and disliked by none

2. "unpopular"- one who is disliked by three or more of the personnel and liked by none

3. "neglected"- one who is neither liked nor disliked

4. "arousing ambivalence"- one who is liked by three or more of the personnel and disliked by three or more

5. "fairly popular"- one who is liked by three or more of the personnel but disliked by one or two

6. "fairly unpopular"- one who is disliked by three or more of the personnel, but liked by one or two

Patients who were liked and disliked by the personnel were grouped according to the preceeding classification. The following facts can be more fully noted in Table 17:

1. Thirty-four of the eighty-six patients fall into groupings of "popular", "unpopular", "ambivalent" and "neglected". The remaining fifty-two fall into "fairly popular" and "fairly unpopular" classifications.

2. The "popular" patient appears to outnumber the "unpopular" on all the units except the female convalescent.

3. Six patients fall into the "neglected" group.

TABLE 14

NUMBER OF PATIENTS ON SELECTED HEAD NURSE UNITS NOT LIKED BY THE NUMBER OF PERSONNEL SPECIFIED

Head Nurse Unit	Number of Patients Disliked by										Total Number of Patients
	0 person-nel	1 person-nel	2 person-nel	3 person-nel	4 person-nel	5 person-nel	6 person-nel	7 person-nel	8 person-nel	9 person-nel	
Female Acute	16	5	6	0	1	2	1	1	0	1	33
Female Convalescent	14	6	3	1	3	0	0	0	0	0	27
Male Convalescent	10	12	0	2	2	0	0	0	0	0	26

Source: Compiled from interviews.

TABLE 15

NUMBER AND PERCENTAGE OF PATIENTS DISLIKED
BY NUMBER OF PERSONNEL SPECIFIED

Head Nurse Unit	Patients Disliked by					
	0 Personnel		1 or 2 Personnel		3 or More Personnel	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
Female Acute	16	47.9	11	33	6	18.2
Female Convalescent	14	51.9	9	33	4	14.8
Male Convalescent	10	38.4	12	46	4	15.4

Source: Compiled from Table 14.

TABLE 16

NUMBER OF PATIENTS LIKED BY THREE OR MORE PERSONNEL AND
DISLIKED BY THREE OR MORE PERSONNEL ON THREE
HEAD NURSE UNITS

Head Nurse Unit	Number of Patients	
	Liked by 3 or More Personnel	Disliked by 3 or More Personnel
Female Acute	13	6
Female Convalescent	8	4
Male Convalescent	7	4
Total	28	14

Source: Tables 12 and 15.

TABLE 17

NUMBER OF PATIENTS LIKED AND DISLIKED BY SPECIFIED NUMBER OF PERSONNEL CLASSIFIED ACCORDING TO UNIT AND NUMBER OF TIMES CHOSEN AS LIKED OR DISLIKED

Head Nurse Unit	Neglected Liked by 0 Disliked by 0	Liked by 1 or 2 Disliked by 0	Popular Liked by 3 or more Disliked by 0	Fairly Popular Liked by 3 or more Disliked by 1 or 2	Liked by 0 Disliked by 1 or 2	Unpopular Liked by 0 Disliked by 3 or more	Liked by 1 or 2 Disliked by 1 or 2	Fairly Unpopular Liked by 1 or 2 Disliked by 3 or more	Ambivalent Liked by 3 or more Disliked by 3 or more
Female Acute	3	4	9	3	3	2	5	3	1
Female Convalescent	2	7	5	2	3	2	4	1	1
Male Convalescent	1	6	3	2	5	0	5	2	2

Source: Tables 12 and 14.

Among the so-called "neglected" patients,[1] were three who had been on the unit for only two, three, and four days respectively, and the time element, therefore, might preclude the establishment of either positive or negative relationships. Putting these three patients in the category of "neglected" may have skewed the findings, for had they been on the unit for a longer period of time, they might have been placed in another category. Although the number of "neglected" patients is small, this fact is significant, and even more so because the nursing personnel were not aware of their failure in interpersonal relations.

Since liking is usually a two-way process involving the patients and personnel, the next step is to consider how the patients react to the likes and dislikes of the personnel.

Pattern of Likes of Patients for Personnel

When the positive effect of nursing personnel on patients was studied on each of the three head nurse units, it was noted that the frequency with which the former were chosen differed markedly at times from unit to unit and from person to person. The following similarities and differences were noted.

1. All personnel were liked by at least one patient.

2. On the male unit no person was chosen as liked less than seven times in contrast to the two female units

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[1] The problem of the "neglected" patient is currently being studied by another worker, Walter L. Nyberg. "The Neglected Patient", Research project, Group Dynamics, Boston University School of Theology, July, 1950

where one person was chosen once.

3. On the female convalescent unit one person, S, was liked by 21 patients.

4. More of the personnel were liked by more than five of the patients than were liked by five or less on each of the units with the exception of the female convalescent unit. Here, as many of the personnel were liked by more than five as were liked by five or less patients.

These facts can be clearly seen in Tables 18 and 19 which show the number of personnel liked by the number of patients specified.

It may be observed from Table 20 that only four patients on the three head nurse units expressed dislikes for personnel although they freely expressed likes.

Bilateral Likes and Dislikes of Patients and Personnel

It is important to consider to what extent personnel like patients who like or do not like them. This can be seen in Tables 21, 22, and 23 which show the extent that personnel like patients who like them, who feel neutral towards them, and who dislike them. Table 24 is obtained by condensing these three tables. There were 363 possible choices on the female acute unit, 216 on the female convalescent unit, and 182 on the male convalescent unit. The following points are evident from Table 24:

a. On the male convalescent unit:

1. Personnel reciprocate likes of patients more than do the personnel on the other two units.

2. Personnel are better able to reach out towards the patients who like them than are the personnel on the other two units.

TABLE 18

THE NUMBER OF PERSONNEL LIKED BY THE NUMBER OF PATIENTS SPECIFIED

Head Nurse Unit	Number of Personnel Liked by														
	0 Pat-ient	1 Pat-ient	2 Pat-ients	3 Pat-ients	4 Pat-ients	5 Pat-ients	6 Pat-ients	7 Pat-ients	8 Pat-ients	9 Pat-ients	10 Pat-ients	11 Pat-ients	12 Pat-ients	21 Pat-ients	Total
Female Acute	0	0	0	1	1	3	1	2	0	1	2	0	0	0	11
Female Conval-escent	0	1	1	1	1	0	1	0	0	1	1	0	0	1	8
Male Conval-escent	0	0	0	0	0	0	0	1	1	1	2	1	1	0	7

Source: Compiled from interviews.

TABLE 19

NUMBER OF PERSONNEL LIKED BY NUMBER OF PATIENTS
IN QUARTILE DIVISIONS

| Head Nurse Unit | Number of Personnel Liked by | | | |
	0-5 Patients	6-10 Patients	11-15 Patients	16-21 Patients
Female Acute	5	6	0	0
Female Convalescent	4	3	0	1
Male Convalescent	0	5	2	0

Source: Compiled from Table 18.

TABLE 20

NUMBER AND PERCENTAGE OF PERSONNEL NOT LIKED BY
SPECIFIED NUMBER OF PATIENTS

Head Nurse Unit	0 patient	Per Cent	Personnel Not Liked by 1 patient	Per Cent	2 patients	Per Cent	Total No. of Personnel
Female Acute	8	72.7	1	9.9	2	18.1	11
Female Conval-escent	8	100	0	-	0	-	8
Male Conval-escent	6	88	1	12	0	-	7

Source: Compiled from Interviews.

TABLE 21

THE EXTENT THAT PERSONNEL AND PATIENTS REACT TO ONE ANOTHER'S LIKES AND DISLIKES ON FEMALE ACUTE WARD

Personnel	Personnel Liked by No. Patients	To Whom They Had This Attitude +	±	−	Had This Attitude to Other Patients +	±	−	Total
A	10	4	4	2	6	14	3	33
B	10	7	3	0	2	21	0	33
C	9	6	2	1	1	22	1	33
D	7	2	3	2	6	18	2	33
E	7	2	3	2	6	16	4	33
F	5	2	3	0	6	22	0	33
G	5	4	0	1	4	17	7	33
H	4	1	1	2	7	17	5	33
I	3	2	0	1	5	18	7	33
J	6	3	3	0	5	15	7	33
K	5	3	0	2	3	21	4	33

Source: Compiled from Interviews with Patients and Personnel.

Code: + Personnel like patient
± Personnel feel neutral towards patient
− Personnel do not like patient

TABLE 22

THE EXTENT THAT PERSONNEL AND PATIENTS REACT TO ONE ANOTHER'S
LIKES AND DISLIKES ON FEMALE CONVALESCENT WARD

Personnel	Personnel Liked by No. Patients	To Whom They Had This Attitude			Had This Attitude to Other Patients			Total
		+	±	−	+	±	−	
L	4	1	2	1	6	15	2	27
M	10	2	6	2	4	8	5	27
N	7	3	4	0	5	13	2	27
O	3	0	3	0	7	14	3	27
P	9	2	5	2	5	11	2	27
Q	1	0	1	0	7	14	5	27
R	2	1	0	1	6	16	3	27
S	21	21	0	0	6	0	0	27

Source: Compiled from Interviews with Patients and Personnel

Code: + Personnel like patient
      ± Personnel feel neutral towards patient
      − Personnel do not like patient
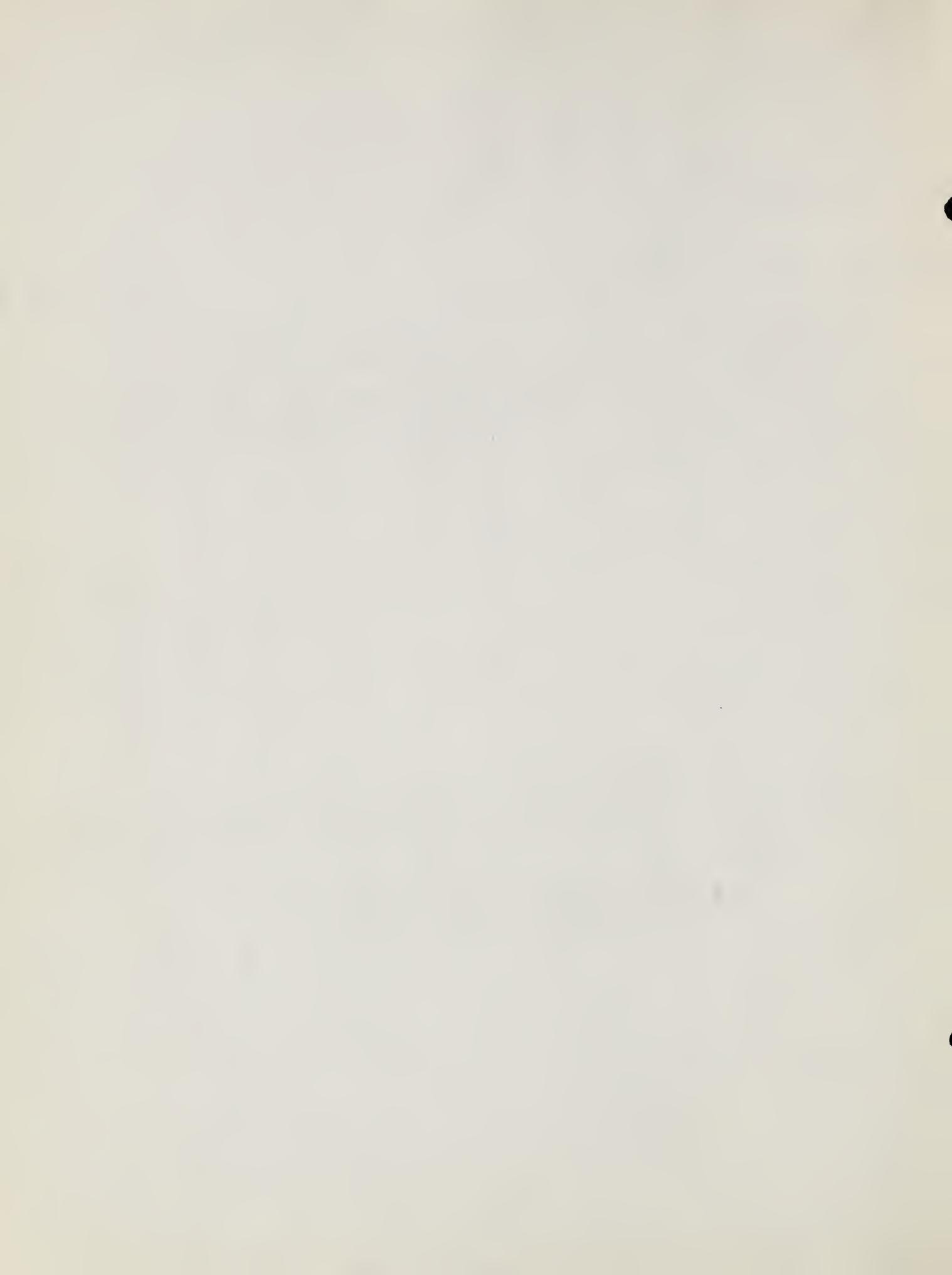
TABLE 23

THE EXTENT THAT PERSONNEL AND PATIENTS REACT TO ONE ANOTHER'S
LIKES AND DISLIKES ON MALE CONVALESCENT WARD

Personnel	Personnel Liked by No. Patients	To Whom They Had This Attitude			Had This Attitude to Other Patients			Total
		+	±	−	−	±	−	
T	10	4	6	0	3	12	1	26
U	7	4	2	1	3	14	2	26
V	8	2	4	2	5	8	5	26
W	12	5	7	−	3	10	1	26
X	10	4	5	1	3	7	6	26
Y	11	3	8	−	4	10	1	26
Z	9	6	3	−	1	10	6	26

Source: Compiled from Interviews with Patients and Personnel.

Code: + Personnel like patient
       ± Personnel feel neutral towards patients
       − Personnel do not like patient

TABLE 24

HOW PERSONNEL REACT TO PATIENTS WHO LIKE THEM

How Personnel React	Head Nurse Unit					
	Female Acute Unit		Female Conval- escent Unit		Male Conval- escent Unit	
	No. Times	%	No. Times	%	No. Times	%
Like patients who like them	36	9.9	30	13.9	28	15.4
Feel neutral towards patients who like them	22	6.1	21	9.7	35	18.4
Dislike patients who like them	13	3.6	6	2.8	4	2.7
Totals	71	19.6	57	26.4	67	36.5

Source: Tables 21, 22, 23.

3. More personnel feel neutral towards patients who like them than do the personnel on the other two units.

b. On the female acute unit:

1. Personnel reciprocate the likes of the patients only 9.9 per cent of the time.

2. Personnel react less to the patients who like them than do personnel on the other two units.

c. On all units:

1. Only 9.1 per cent of all personnel dislike patients who like them.

2. In general, personnel either reciprocate by liking or by feeling neutral to patients who like them.

Table 25 indicates the reaction of personnel towards patients who do not like them. The following facts are evident:

a. On the male convalescent unit:

1. Fewer personnel react with liking towards patients who do not like them than do personnel on the other two units.

b. On the female acute unit:

1. Personnel like more patients who do not like them than do personnel on the other two units.

c. On all units:

1. Personnel react with a neutral affect towards the patients who do not react favorably towards them.

2. Personnel do not react with strong feeling for or against patients who do not like them. This is especially so on the female acute unit where 55 per cent of the personnel feel neutral towards patients who do not like them.

These facts may also be seen in Table 26 which shows the percentage of times that personnel react by liking, feeling neutral, or disliking patients who like or dislike them.

TABLE 25

EXTENT THAT PERSONNEL REACT TO PATIENTS
WHO DO NOT CHOOSE THEM AS BEING LIKED

How Personnel React to Patients That Do Not Like Them	Head Nurse Unit					
	Female Acute Unit		Female Convalescent Unit		Male Convalescent Unit	
	No. Times	%	No. Times	%	No. Times	%
Like patients	51	14	46	21	22	12.1
Feel neutral towards patients	201	55	91	42	71	38.4
Dislike patients	40	11	22	10	22	12.1
Totals	292	80	159	73	115	62.6

Source: Tables 21, 22, 23.

TABLE 26

PERCENTAGE OF TIMES PERSONNEL REACT WITH LIKING, DISLIKING OR WITH NEUTRAL, AFFECT
TOWARDS PATIENTS WHO LIKE, DISLIKE OR FEEL NEUTRAL TOWARDS THEM

Head Nurse Unit	% of Personnel Who Like Patients Who Like Them	% of Personnel Who Dislike Patients Who Like Them	% of Personnel Who Like Patients Who Do Not Like Them	% of Personnel Who Dislike Patients Who Dislike Them	% of Personnel Who Feel Neutral to Patients Who Like Them	% of Personnel Who Feel Neutral Towards Patients Who Do Not Like Them	Total %
Female Acute	9.9	3.6	14	11	6.1	55	99.6
Female Convalescent	13.9	2.8	21	10	9.7	42	99.4
Male Convalescent	15.4	2.7	12.1	12.1	18.4	38.4	99.2

Source: Tables 12, 14, 18, 21, 22 and 23.

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Figure III, IV, and V show by means of sociograms how the first, second, and third choices of personnel's liking for patients are reciprocated. In each of the figures, the letters represent personnel; the numbers, patients. First choices of the personnel are indicated with blue, second choices with green, and third choices with red. Reciprocated likes of patients for personnel are indicated by solid black lines. Likes of personnel for patients which are not reciprocated are indicated by broken black lines. The following factors are evident from the three sociograms:

a. On the female acute unit:

    1. Patients 14 and 17 are liked by the majority of personnel.

b. On the female convalescent unit:

    1. S is liked by 21 of the patients and in turn reciprocates the likes of all these patients.

c. On the male convalescent unit:

    1. There is almost an equal distribution of the number of likes for patients by personnel.

    2. No one patient or personnel stands out as an outstanding favorite.

In order to discover whether patients who are liked, disliked, or cause neutral reaction in the personnel have traits in common, the sociometric pattern of patients in each of these classifications will be considered. Examples are selected to illustrate the syndrome of the patients chosen in each of these categories. The illustrations show the correlation of the social interaction profile and the patients' clinical picture.

FIGURE III

PATIENTS LIKED BY PERSONNEL ON FEMALE ACUTE UNIT IN TERMS OF

FIRST, SECOND, AND THIRD CHOICES OF PERSONNEL FOR

PATIENTS AND RECIPROCATION BY SAME PATIENTS
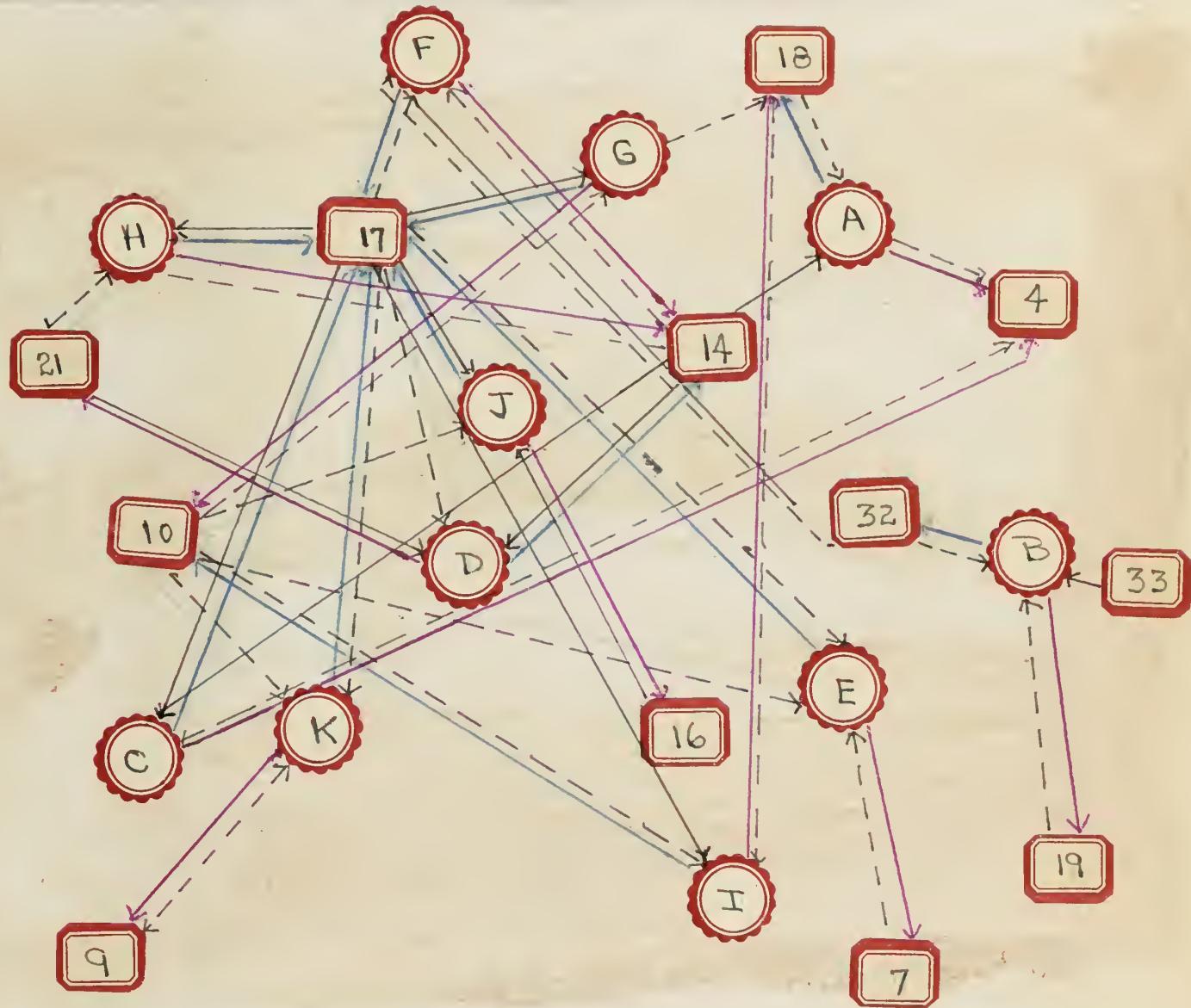
LEGEND:

Patient ☐

Personnel ◯

Patient reciprocates choice of personnel ⟶

Patient does not reciprocate choice of personnel ⤏

Personnel chose patient as first choice of patients liked ⟹

Personnel chose patient as second choice of patients liked ⟶

Personnel chose patient as third choice of patients liked ⟶

To read this figure, using as an example A, A(personnel) chooses 18 as her first choice of patients whom she likes, 14 as her second choice, and 4 as her third choice. 14 reciprocates A's choice; that is, 14 in turn states that she likes A, while 4 and 18 do not reciprocate A's liking.
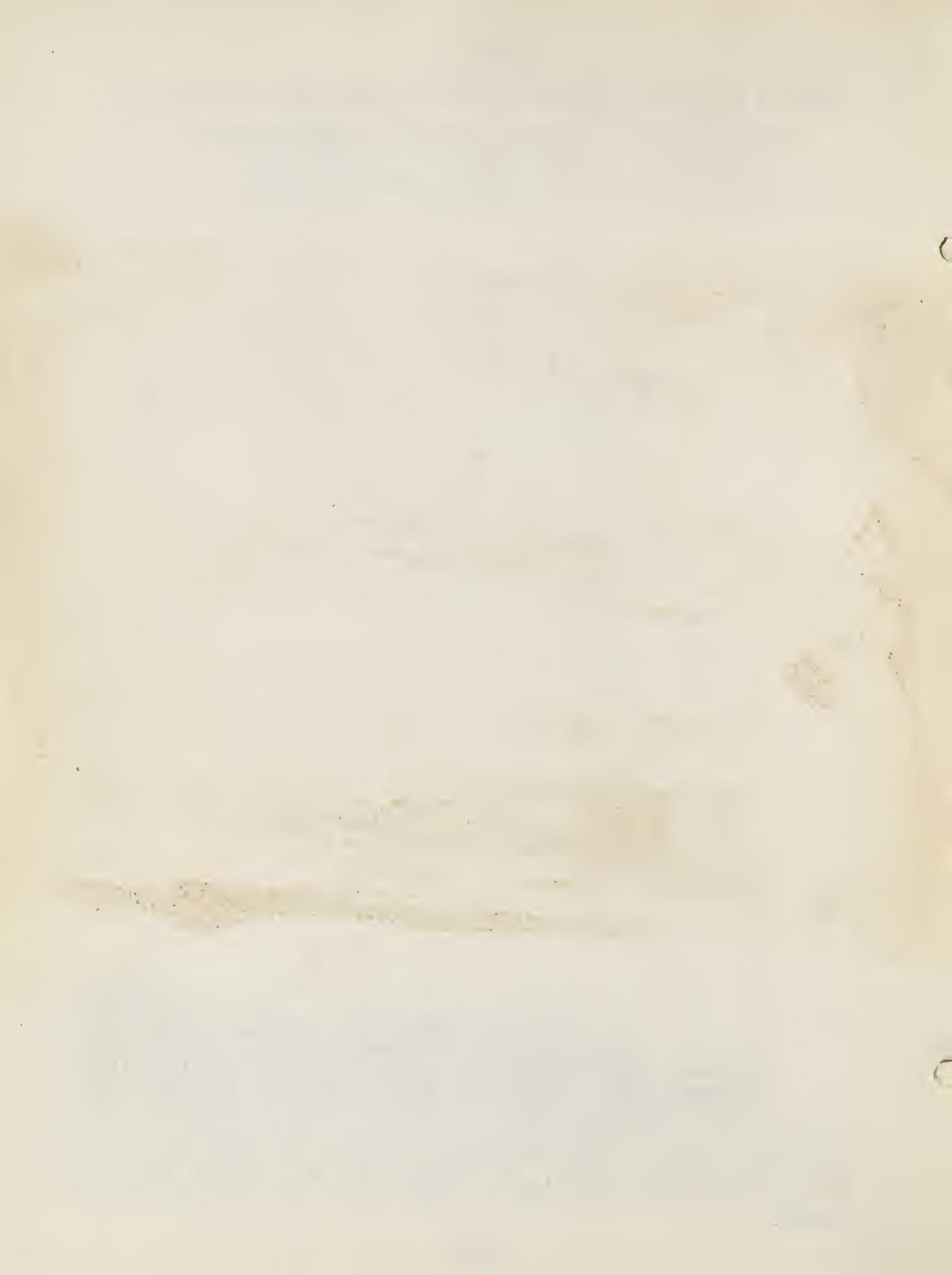
FIGURE IV

PATIENTS LIKED BY PERSONNEL ON FEMALE CONVALESCENT UNIT IN TERMS

OF FIRST, SECOND, AND THIRD CHOICES OF PERSONNEL FOR

PATIENTS AND RECIPROCATION BY SAME PATIENTS

LEGEND:

Patient ☐
Personnel ○

Patient reciprocates choice of personnel ───→
Patient does not reciprocate choice of personnel ---→
Personnel chose patient as first choice of patients liked ───
Personnel chose patient as second choice of patients liked ───
Personnel chose patient as third choice of patients liked ───
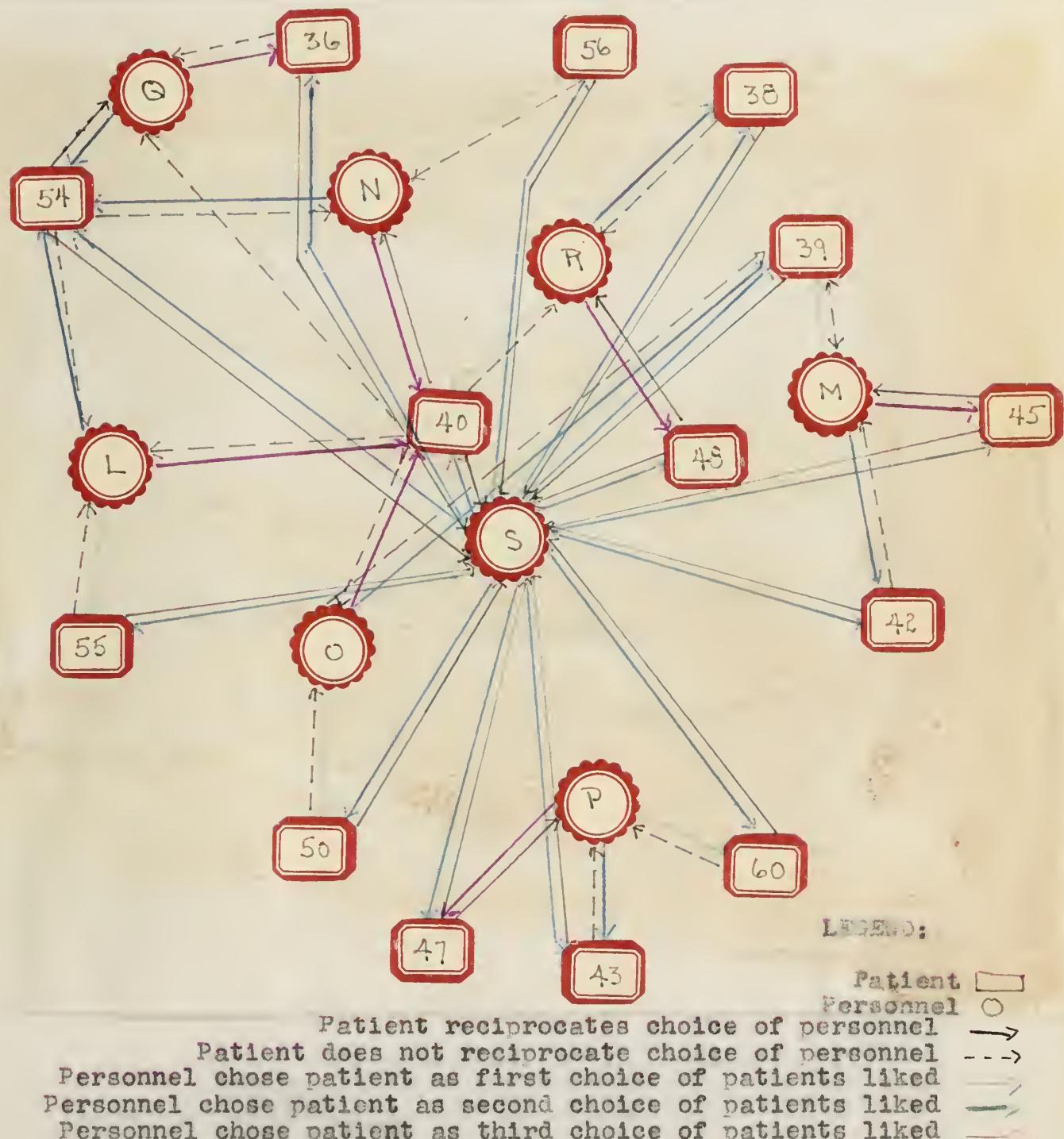
FIGURE V

PATIENTS LIKED BY PERSONNEL ON MALE CONVALESCENT UNIT IN TERMS

OF FIRST, SECOND, AND THIRD CHOICES OF PERSONNEL FOR

PATIENTS AND RECIPROCATION BY SAME PATIENTS
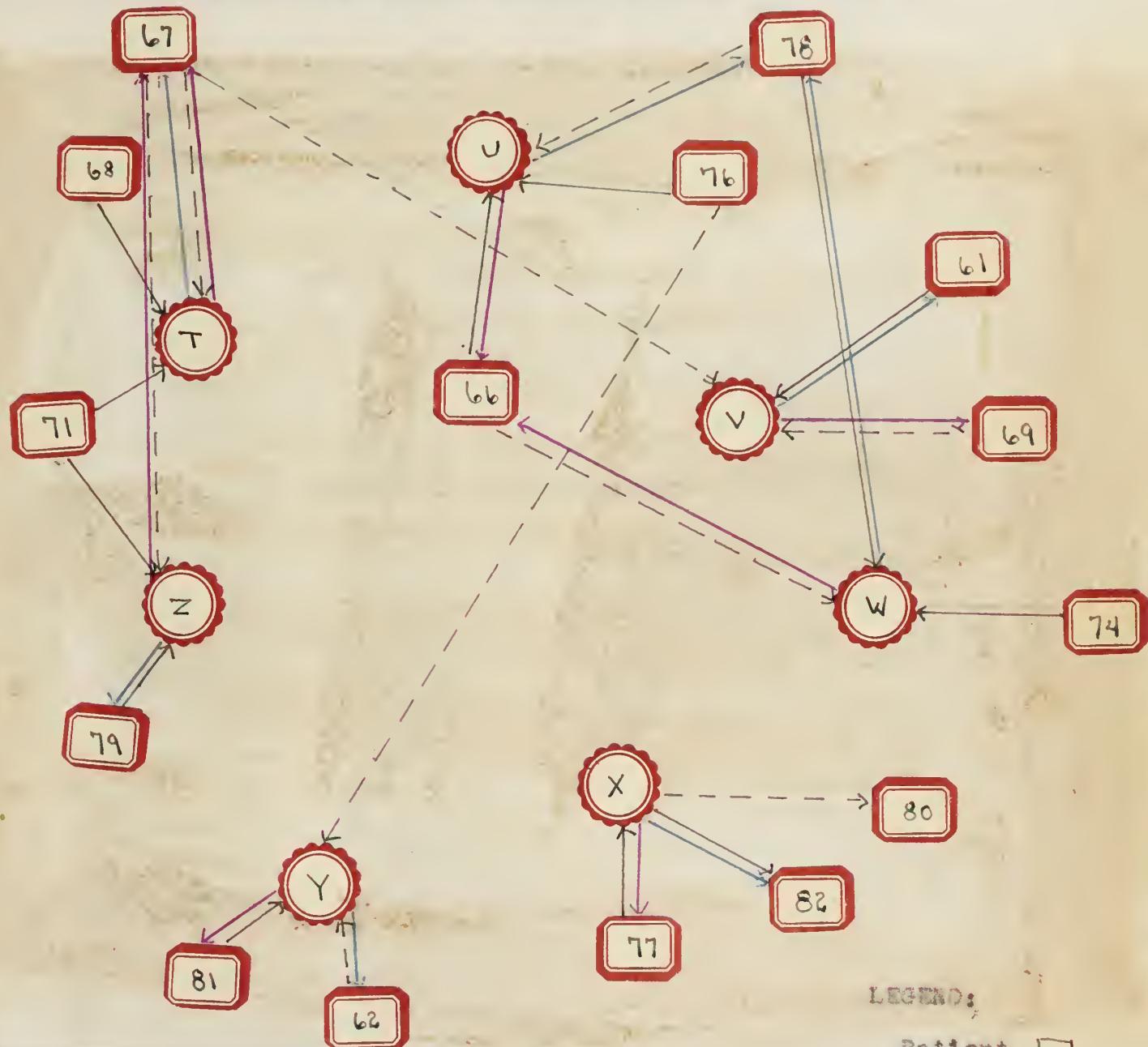
Sociometric Pattern of Liked Patients

Patient 17 was liked by ten of the eleven personnel on the female acute unit. She is a twenty-one year old girl with a diagnosis of Manic-Depressive Psychosis, Manic Type, and has been hospitalized for five months. Previous to her hospitalization she had been a buyer in a large department store. Although she was hyperactive and overtalkative at the beginning of her hospitalization, she enjoyed talking with the employees and patients and entered into hospital activities. She is neat, tidy, young, and attractive. In addition to making a good ward adjustment she responded well to treatment and soon was transferred from the acute to the convalescent unit.

The following are some of the remarks taken from interviews with personnel in describing this patient:

A: "She is very helpful; I have always gotten along with her."

B: "She has improved a great deal."

C: "She likes athletics, and I am very fond of athletics. We talk about sports a lot. I feel sorry for her because her father died when she was young and so did my father. I know what she went through."

D: "She is sociable, very helpful, very pleasant, and easy to get along with."

E: "She is interesting to me, she is easy to talk with, and she seems to want to talk. We both like tennis. I get along well with her."

F: "She is wonderful, she is our prize patient. She is pleasant and jolly."

G: "She is everyone's favorite. I like her very much. She has a wonderful sense of humor, and she has a good disposition. She is very friendly and co-operative."
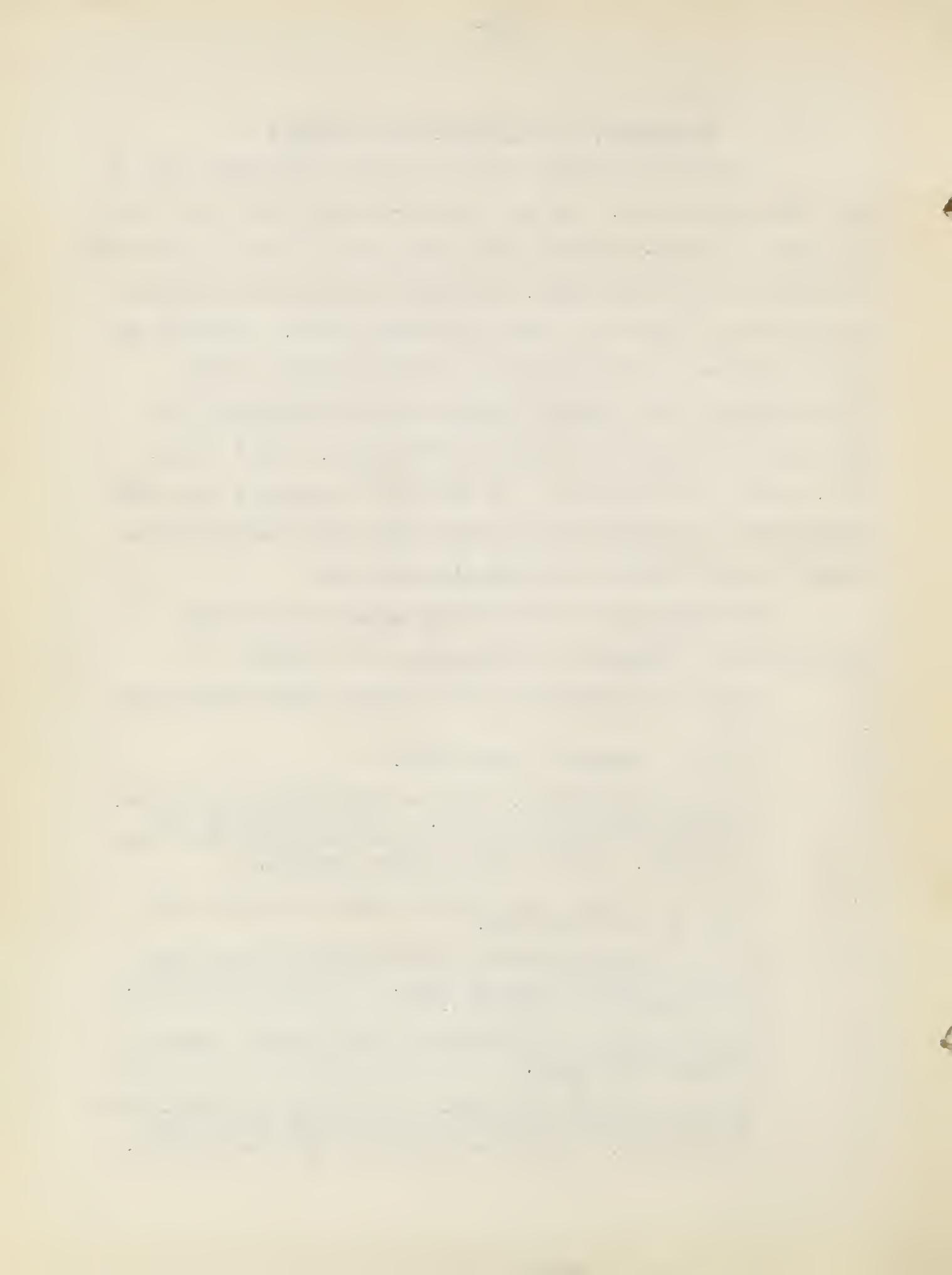
I: "I like her because she is so young. She is a very friendly person. We have a lot of things in common; she is an interesting person to talk with. She is the kind of person who would talk with you if you felt lost on the ward."

J: "I get along very well with her. She has such a pleasant personality."

K: "She tries so hard to be helpful. We get along very well together. She calls me 'Aunt Anne' because I remind her of one of her aunts."

Patient 21 is liked by eight of the eleven personnel. She is a 49 year old negro woman who is characterized as being helpful. The personnel feel that she is appreciative of everything that is being done for her and that she is trying hard to get well. Moreover, she is always willing to do more than her share of the work.

Patient 10 is liked by seven of the eleven personnel. She is described as one who has improved a great deal, who confides in the personnel, and who is "cute", attractive, and interesting.

Sociometric Pattern of Disliked Patients

Patient 15 is chosen to represent a patient who is typical of the syndrome of disliked patients. This 57 year old woman had one previous admission to a mental hospital. She was diagnosed as Involutional Psychosis-Melancholia. She had been admitted to the hospital two months before this study was started. She has numerous complaints of pains and aches, a constant expression of distress, and is continually beseeching her doctor for help and encouragement. She has a wobbly gait, which is propulsive in character. She is greatly concerned
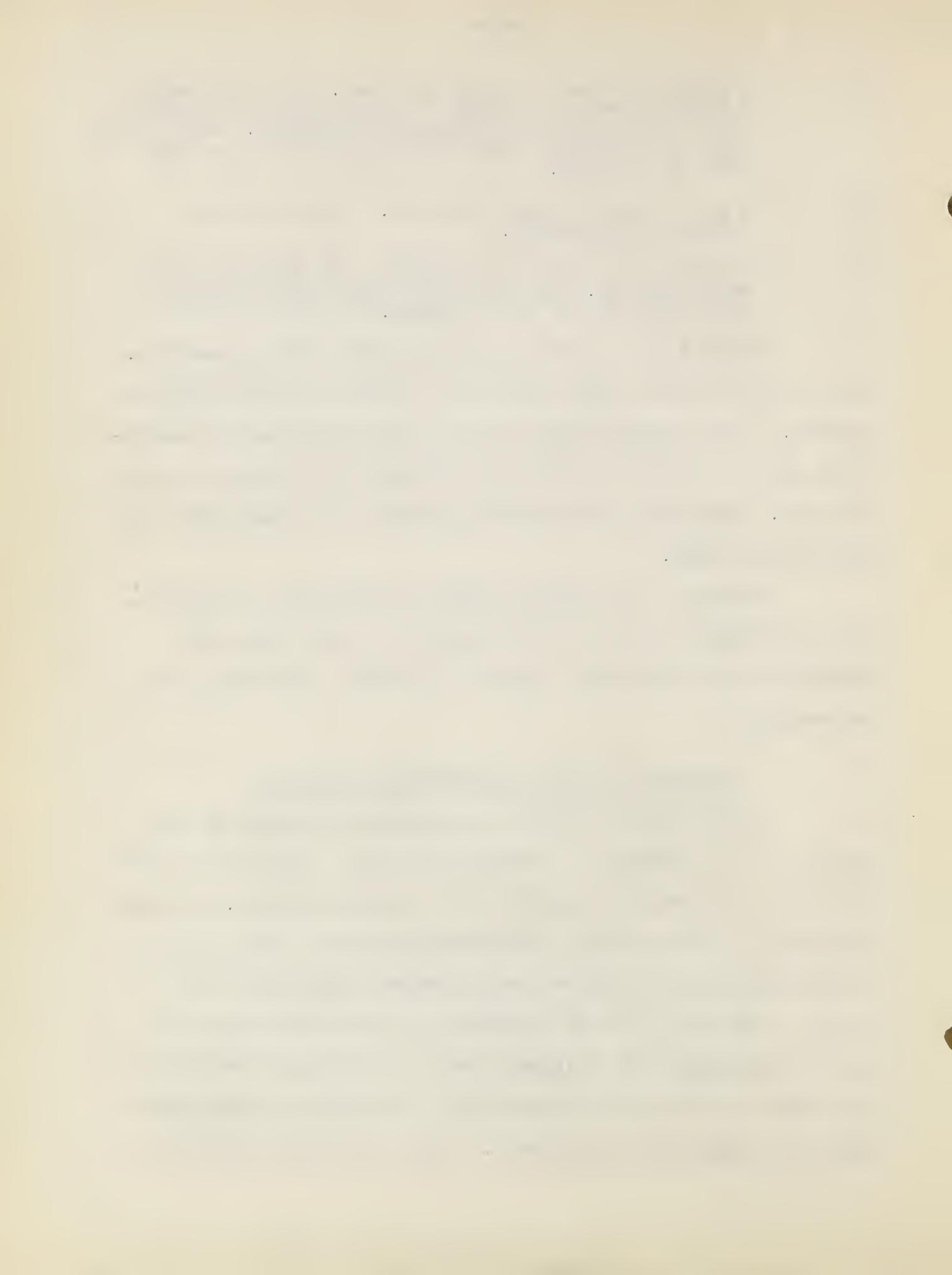
about the twitching in her neck which is disturbing her sleep.
She is fearful that she will not get better and that nothing
can be done to help her. In the course of her treatment she
continually needs reassurance and supportive therapy. The
following are some of the remarks of the personnel describing
this patient who is disliked by six and liked by none on the
female acute unit:

A: "She is always whining and tearful. She should try to
    help herself."

B: "She is always complaining. She is always asking, 'Will
    I get better?', yet she does eat well."

C: "If anyone would get on your nerves, she will. She is
    very tiring. The fact that she is always after you
    saying; 'I'm going to die' makes it hard to like her."

D: "She is very depressing, and she is awfully slow."

E: "She is always complaining."

F: "She is very quiet, and she is not very fast on her
    feet."

G: "I feel sorry for her because she is always complaining."

H: "She is whining all the time. She is always looking
    for sympathy and help."

I: "I get tired of hearing her complain of the same thing
    over and over."

J: "You can tell her the same thing over and over that she
    is going to get better and still she keeps asking you
    if she will get better."

K: "She is always whining. She is helpless when anyone is
    around. When no one is around, she is O. K."

Patient 26 is described as being confused, unresponsive,
and unpredictive. She is disliked by nine of the eleven person-
nel on the female acute service and is not liked by any. She
is "hard to manage" and upsets the other patients. Two of the
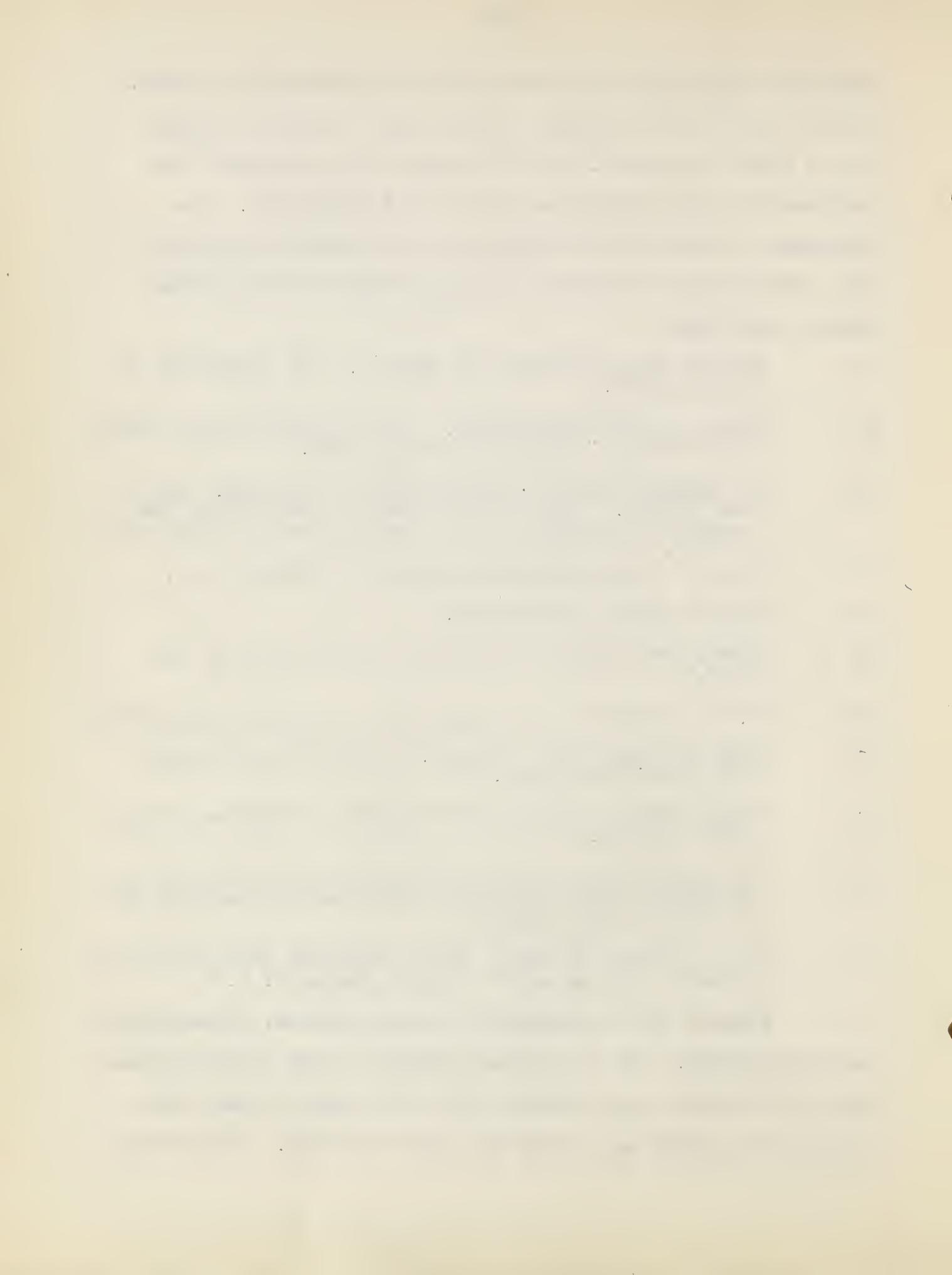
personnel state that she "fondles" them, an act which they find annoying.

Patient 2 is disliked by seven of the personnel and liked by one. She is described as taking things that belong to other patients and as being sarcastic. Personnel mention the fact that she asks the same thing over and over and that she does not get along with the other patients on the unit.

Patient 37 is described as being "snooty", flighty, and silly. One of the personnel in describing 37 states, "She is kind of snooty. If she asks you for anything, it is as if you are dirt under her feet."

Sociometric Pattern of the Neglected or Neutral Patient

Patient 65 was one who was neither liked nor disliked by any of the personnel on the unit. He is a thirty-one year old unmarried man who is diagnosed as Schizophrenia, Simple Type. He had a high school education and was employed as a factory worker before his first hospitalization two and a half years ago. He was admitted to Hospital X for a possible lobotomy two months before this study was undertaken. On admission he was quiet and withdrawn and was having hallucinations.

His adjustment is good. He is quiet and co-operative, but he tends to lie on the bed most of the day. He has delusions and is obviously having hallucinations as shown by his tendency to stand laughing to himself. Although his behavior is seclusive, he is co-operative. On request he readily does small tasks.

The following are the remarks made by the personnel on
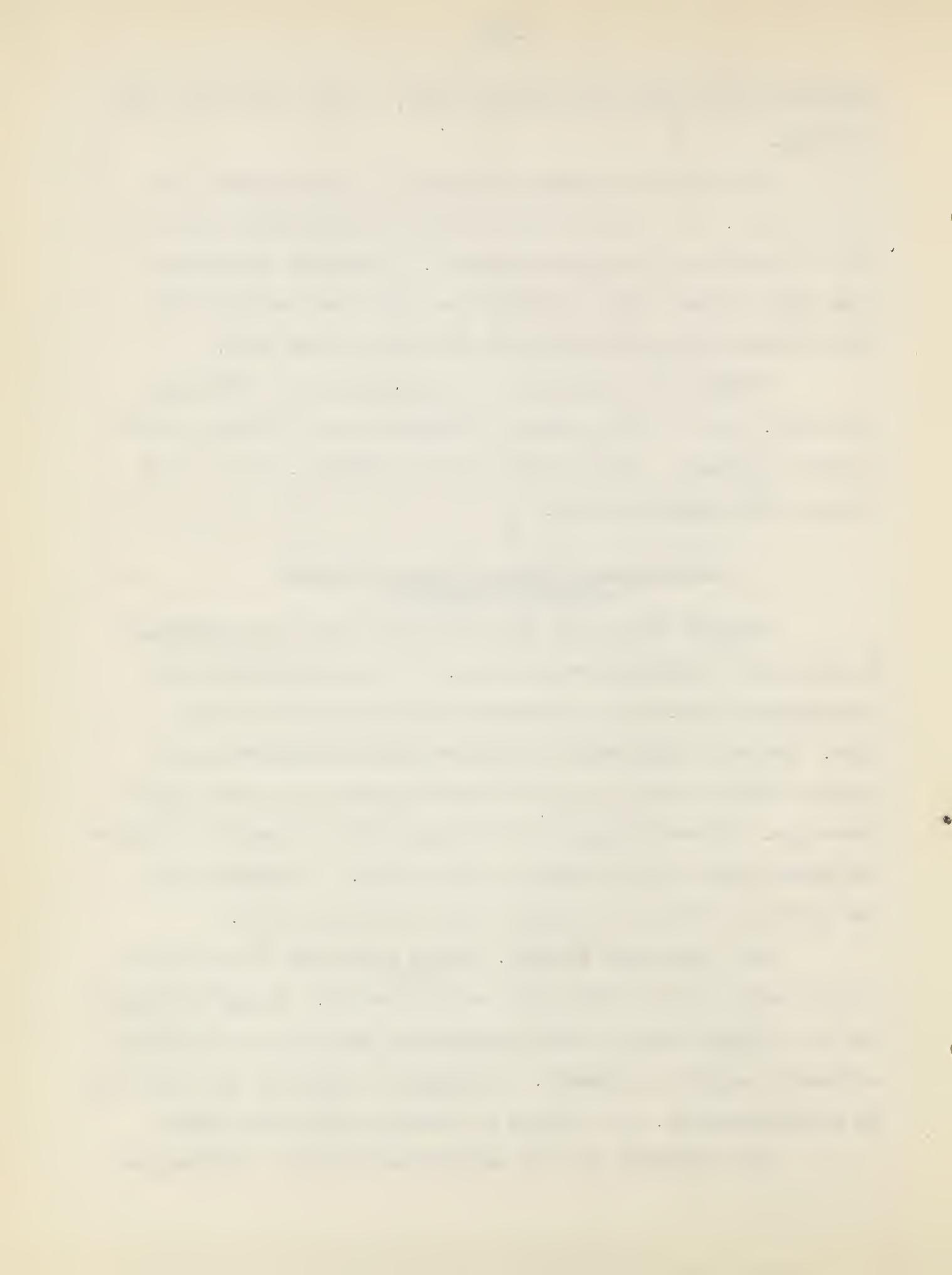
the unit describing this patient who was neither liked nor disliked:

T: "He speaks when he is spoken to. He follows me around the unit as if he had a crush on me - puppy love, you know."

U: "He is a nice enough fellow. I don't feel one way or the other about him."

V: "I hardly know him. He is the sort of person who is hard to know."

W: "He is very quiet, but he is willing to do his share of the work."

X: "I haven't gotten to know him at all."

Y: "I find that he is hard to get to know and to get acquainted with. He is polite and co-operative, but he doesn't mix well with the other patients."

Z: "He is very quiet and seclusive. He is quite pleasant when you have time to talk to him."

Other patients who are neither liked nor disliked follow almost the same pattern. Patient 27 is described as being quiet, withdrawn, and sad. Patient 12 is described as an individual who just lies around and does not help. Patient 8 is described as one whom the personnel just cannot get to know, and Patient 44 as one who is quiet, remote, and hard to know.

Sociometric Pattern of Patients Who Cause Ambivalent Reaction in the Personnel

Patient 76 is liked by three of the personnel on the unit and disliked by four. All of the personnel either liked or disliked him very much. He is typical of the patient, in this study, who causes a marked ambivalent reaction in the personnel. This fifty-one year old man is diagnosed as Manic

Depressive, other types - Hypomanic. He has had three previous admissions to mental hospitals, and has had over seven years of hospitalization. His occupational history has been varied; he has had jobs ranging from cook to that of attendant in a mental hospital. He has a fairly good knowledge of psychology and has been writing a book about his mental hospital experiences. On the unit he has been doing a great deal of writing. At one time he wrote a four page criticism of the hospital which he presented to his doctor. He continually makes suggestions as to ways of improving patient morale. On one occasion he deliberately asked one of the nurses for a cathartic so that he could find out how long it would take her to report this to the doctor. When the doctor was not notified after five days, the patient triumphantly reported this and suggested that there be some improvements made.

He has taken a great deal of pleasure in helping other patients and is, at times, quite helpful on the unit. His progress record states that the doctor believes the patient's knowledge of psychology gives him a feeling that he is on the same plane with the doctors so that in his relationships with them, he is usually friendly, somewhat fatherly, and condescending. It further states that his attitude towards the doctor is usually one of veiled hostility although on the surface he is friendly. He does not consider himself to be sick and puts himself on a socially equal plane with the doctors and the nursing personnel.

The personnel on the unit react to this patient in an ambivalent manner. Some like him a great deal; others find him

very difficult to like.

The following are the remarks made by the personnel on the unit who like the patient:

T: "I like him well enough. I feel sorry for him, so many of the patients don't like him. He is over-solicitous, and he talks a lot."

U: "He talks a lot. He seems to like being in the hospital. I like him. He is easy to talk with."

Y: "He is the imperative type of person. He takes his time about doing things, and he doesn't like to be asked. He will do things if you don't urge him."

The following are the remarks made by other personnel who dislike the patient:

V: "He is more or less bossy, yet he is bossy in a nice way. He used to be an attendant. He is quite concerned about our doing our job right. He does quite a bit towards cheering up the patients, but the patients, however, don't like him. He is overbearing."

X: "I knew him before he came to the hospital. He expects a great deal from me. I have the usual difficulties with him. He gets angry less easily with me than he does with the others, but our relationship isn't very solid."

Z: "I don't get along with him. At times he gets excited. He knows the ropes about a mental hospital, yet he has no insight into his own problems. We don't get along, he thinks I am officious. He has a habit of having the younger patients wait on him hand and foot, and when I speak to him about it, he says it is therapy for the patient."

Patient 74 is liked by two of the personnel and disliked by four. He is described by those who dislike him as being dictatorial, a scrapper, and one who breaks hospital rules. Those who like him describe 74 as easy to get along with and as one who does things for the personnel.

The following are indicative of the characteristics of

patients observed on the three head nurse units which caused
four types of reactions in the personnel; namely, like, dislike,
neutrality, or ambivalence (liked by some, disliked by others).
When all the statements for each of the nursing personnel were
analyzed, the following common characteristics were observed for
each of the catagories previously mentioned:

1. Patients who are liked by nursing personnel:

   a. Are helpful on the head nurse unit.
   b. Are easy to get along with.
   c. Have interests in common with personnel.
   d. Are pleasant.
   e. Are friendly.
   f. Get along well with other patients.
   g. Make effort towards getting well.

2. Patients who are disliked by nursing personnel:

   a. Make demands personnel are unable to meet.
   b. Cause frustration because of inability to gain
      co-operation from patient.
   c. Whine and complain.
   d. Make no effort towards recovery.

3. Patients who create neither liking nor disliking:

   a. Are quiet and withdrawn.
   b. Do what is asked of them, but show no initiative.
   c. Are hard to know.
   d. Are pleasant when one talks to them.

4. Patients who create ambivalent reactions in person-
   nel: (Those who are liked by some and disliked by
   others)

   Reasons given by personnel who like patients

   a. Create sympathy in personnel.
   b. Are easy to talk to.
   c. Do what is asked of them.

   Reasons given by personnel who dislike patient

   a. Are disliked by other patients.
   b. Have no insight into problems.
   c. Take advantage of other patients.

It can be observed that there is some overlapping of characteristics in the "liked" and in the "neutral" categories. It appears that in both groups there are patients who are co-operative and quiet. However, those who are liked are more outgoing. The patient who is liked by some of the personnel and disliked by others has traits in common with both the liked and disliked groups.

Since interpersonal relations are a two-way process, the next step in the study is an examination of the nursing personnel who cause favorable or unfavorable reactions in patients. The examples presented here are selected to illustrate the characteristics of these personnel.

Sociometric Pattern of Liked Personnel

S is chosen to represent the member of the personnel who is almost universally liked on the unit. This woman has been employed at the hospital since June 1942. She was previously a housewife and has two children. Twenty-one of the twenty-six patients on the ward stated that they liked her while no one on the ward disliked her. She is middle aged, has a friendly manner in her contacts with the patients and the personnel, and appears constant and consistent in her everyday contacts with the patients. She takes time to talk with the patients, and above all, she takes time to listen to them. When asked to choose the patients whom she liked best on the ward, she stated that she had no preferences. "I get along equally well with all the patients and cannot choose a favorite."

The following are the comments of the patients in describing S:

34:     "I like S; she is thoughtful."

35:     "S is the only one on the unit with whom I find it easy to get along."

36:     "S is lovely. We all call her 'Mother'. She takes especially good care of the insulin patients. She is always checking on their condition."

37:     "I find it easy to talk to S."

38:     "I like S. She is always pleasant, even when she asks you to do something you don't want to do, she is pleasant about it."

40:     "S is motherly to all the patients on the unit."

41:     "She is so understanding."

42:     "I especially like Mrs. S. She goes out of her way to do little things for you."

43:     "She is my favorite attendant."

44:     "She is a very nice attendant. No matter what you ask her to do, she does it willingly."

45:     "I like Mrs. S. She is not standoffish."

54:     "I like S. I guess I have a soft spot in my heart for old people who have to work."

56:     "S is especially nice. We all call her 'Mother'. She is always jolly and laughs along with you. I like her the best."

57:     "S is pretty nice."

60:     "S puts herself out to do things for you. She is right there if you want something. Everyone calls her 'Mother'. She is kind, and she is wonderful to all of us."

In order to get an understanding of how this person reacts to the patients on the unit, the following are some of the statements which were made by S in describing her relations

with the patients:

35:       "I feel so sorry for her - she tries so hard to get
          well - she is usually so tense. She is a very nice
          girl; she is refined."

36:       "She is very pleased with the treatment and the care
          that she gets here. She is very appreciative of
          everything that everyone does for her. She helps in
          the kitchen and on the unit."

37:       "She is very nice; she is agreeable. She is a big
          help with the other patients."

38:       "She is a good scout. She will do almost anything for
          you."

39:       "She is a very nice woman. She is very worried about
          her son. She is much better."

Here is a person who likes the patients on the unit

and who in return is liked by them. She reaches out in a warm

friendly manner to them, and they in turn reciprocate.

Sociometric Pattern of Personnel to Whom
Patients React in A Neutral Manner

Q is an example of the person who arouses little affect

in the patients, either positive or negative. She was liked by

only one patient who stated, "I like everyone who works on the

unit". Q was not disliked by any of the patients. This student

of nursing had had ten of her twelve weeks affiliation at the

time this study was made and had been in this particular unit

only a week and a half. She is in the last year of her basic

nursing program. She is twenty-one years old, neat, attractive,

but somewhat aloof. In general, she made an average adjustment

to her psychiatric affiliation. She states she has had some

difficulty in forming interpersonal relations while on her

affiliation.

The following are the comments used by the patients in describing Q:

37:     "I feel that I can talk with the attendants a lot easier than I can with the students. I feel that the students are business like and formal. I haven't been able to form any close relationships with the students."

45:     "It is hard to get to know the students. They are either in class or in the office."

50:     "I can't seem to get acquainted with the student."

58:     "Most of the students are all right, but you have to ask them quite a few times before they do anything for you."

60:     "I never see much of the students. They are either in class or in the office all the time."

These remarks not only describe the patients' reaction to Q, but also their reactions to the other students on the unit. In order to get an understanding of how Q reacts to the patients, the following are some of the statements made by her in describing her relationships to patients she likes, dislikes, and to whom she feels neutral:

Patients Q likes:

36:     "She is very good. She never presents any problems. I like her very much. She is easy to get along with."

38:     "She is very nice. She is easy and interesting to talk with."

43:     "She is easy to get along with. She never presents any problem to me."

Patients Q dislikes:

37:     "She insists on doing what she wants to do; although she is very sweet about it."

41:     "She is very humble and obsequious. I don't particularly like it when she acts that way. I kind of ignore it when she acts humble like that."

46:     "She is very aloof. It's because of her illness. She
         can become very angry. She has her own ideas about
         how she wants to do things. She has her good days,
         too. Other days she gets very distrubed."

        Patients Q reacts to in a neutral manner:

35:     "She is kind of hard to know because she is so quiet.
         She is very nice."

45:     "When I first came on the unit to work, she made the
         first steps in approaching me and in getting to know
         me."

51:     "She just can't seem to get enough sympathy. She is
         improving. It is good to feel that you have helped
         someone to get better."

Here is a person who is typical of the group whom the

patients neither like nor dislike to any marked degree. She

likes some of the patients, dislikes others, and feels neutral

to some. Part of the reaction of the patients to this student

may be due to the fact that she has not been on the unit long

enough to give many of the patients an opportunity to know her

well enough to have them form either positive or negative af-

fective relations with her.

Sociometric Pattern of Personnel to Whom Some of the Patients React by Liking, Others by Disliking

J will be used as an example of the personnel to whom

the patients react by either liking, disliking, or feeling

neutral. This 23 year old graduate nurse had had four months

experience in psychiatric nursing at the time of this study.

Previously she was a private duty nurse in a general hospital.

She was assigned as head nurse on the busy admission and acute

unit. She is neat in appearance and gives one the feeling that

she is somewhat aloof and detached from the hospital situation.

The following are the comments of the patients in describing J. She was liked by seven patients, disliked by two and two felt neutral towards her.

3: "J is a little standoffish."

7: "I like J."

9: "J is very nice; she is professional and efficient."

17: "J seems to take her job seriously. She is understanding, and she can joke with you."

26: "J is all right."

29: "J and I are both interested in music - that's the only thing we have in common."

33: "I don't care for her; she is too cold to the patients."

In order to get an understanding of how J reacts to the patients on the unit the following are some of the statements made by her in describing her relationships to patients she likes, dislikes, and to whom she feels neutral:

Liked patients:

4: "I have good rapport with her because she is pleasant and is very agreeable now."

10: "She tells me things that she doesn't tell other people. She confides in me. When she is well, she is very co-operative."

18: "I get along well with her. She is friendly, likeable, and pleasant."

Disliked patients:

6: "I haven't been able to establish good relationships with her. She has such paranoid ideas."

13: "I can't seem to like her, she is so silly."

15: "I have a hard time trying to like her. She has the delusion that she is never going to get well. You can keep telling her over and over that she will get better, and she still keeps asking you."

Patients to whom she reacts in neutral manner:

2:     "I have a feeling of antagonism against her. I feel
       like shaking her. She is so disagreeable."

7:     "I can't seem to get anywhere with her. I have no
       rapport with her. She is very irritating, yet she is
       co-operative."

8:     "She is very withdrawn, yet she is neat."

This person is typical of the group that the patients react to by either liking, disliking, or to whom they are neutral. Like the patient who causes ambivalence in the personnel, there are certain personnel to whom patients react in an ambivalent manner. J is an example of this group.

The foregoing are indicative of the characteristics of personnel observed on the three head nurse units, which causes three types of reactions in the patients; namely, like, neutrality, or ambivalence (liked by some and disliked by others). When all of the statements of each of the patients were analyzed, the following characteristics were observed for each of the categories previously mentioned:

1. Personnel who are liked by patients:

    a. Make the patients feel secure.
    b. Feel secure on the unit.
    c. Talk to patients and listen to them.
    d. Do their work well.
    e. Are outgoing.

2. Personnel who create neither liking nor disliking:

    a. Have not been on the head nurse unit for any
       length of time.
    b. Do not form close relationships with patients.
    c. Relatively inexperienced in psychiatric nursing.

3. Personnel who create ambivalent reactions in patients,
    those who are liked by some and disliked by others:

a. Liked by some patients and disliked by others.
b. Remains aloof from the unit situation.
c. Has traits in common with the two above groups.

Pattern of Patients' Likes for Patients on Female and Male Convalescent Units

In order to determine whether or not the patients who are rejected or popular with the personnel are also rejected or popular with other patients, a study of the patients' likes for each other was made on the female and male convalescent units.

Each patient was asked to indicate three patients with whom he was most friendly. On the female convalescent unit each of the 27 patients was given three choices making a possibility of 81 choices. Figure VI shows the sociometric choices on the female convalescent unit expressed in terms of first, second, and third choices of the patients and shows how these choices are reciprocated. The following points are evident:

1. Fifty-seven, or 70.4 per cent, choices were made.

2. Two patients, or 7.3 per cent, made no choices.

3. 93.7 per cent of the possible first choices were made, 74 per cent of second choices, and 44.4 per cent third choices were made. The results agree with Moreno's findings of likes of children in the Hudson Community.[2] Here, too, it was found that some of the children did not make all the choices they were permitted. This could indicate limit of emotional interest or the lack of opportunity of the patients to form close relationships because they had not been on the service long enough. However, to rule out the latter possibility, the

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J. L. Moreno, "Who Shall Survive?" Washington, D. C., Nervous and Mental Disease Publishing Company, 1934, page 134.

patients were asked to make choices in a period where there were only two transfers from the unit in two weeks. The two patients who were transferred went to the open unit and were interviewed there.

4. Eight patients were not chosen by other patients as persons with whom they were friendly. This is 30 per cent of the total number of patients on the unit.

5. Only three of these "unchosen patients" were chosen by the personnel in the "liked group".

6. Ten patients like patients who like them.

7. Four patients were chosen by five or more of the other patients.

8. Patients who are popular with patients may or may not be popular with the personnel.

The same method of determining likes of patients for other patients was used on the male convalescent unit. Figure VIII shows the sociometric choices on this unit. From Figure VIII the following points are evident:

1. Only 42 per cent of possible choices allowed were made.

2. There were 15 first, 11 second, and 7 third choices.

3. Nine patients were not chosen as liked by any of the patients on the unit.

4. Of these nine patients, six were not chosen as liked by the personnel.

5. Eight patients made mutual choices; that is, they returned the liking of the patients who liked them.

6. Only two patients were liked by three or more patients.

7. Nine patients neither chose their patients whom they liked nor were chosen by other patients.

8. Six of these unchosen patients were also not popular with the nursing personnel.

9. Patients popular with the personnel may or may not be popular with the other patients.
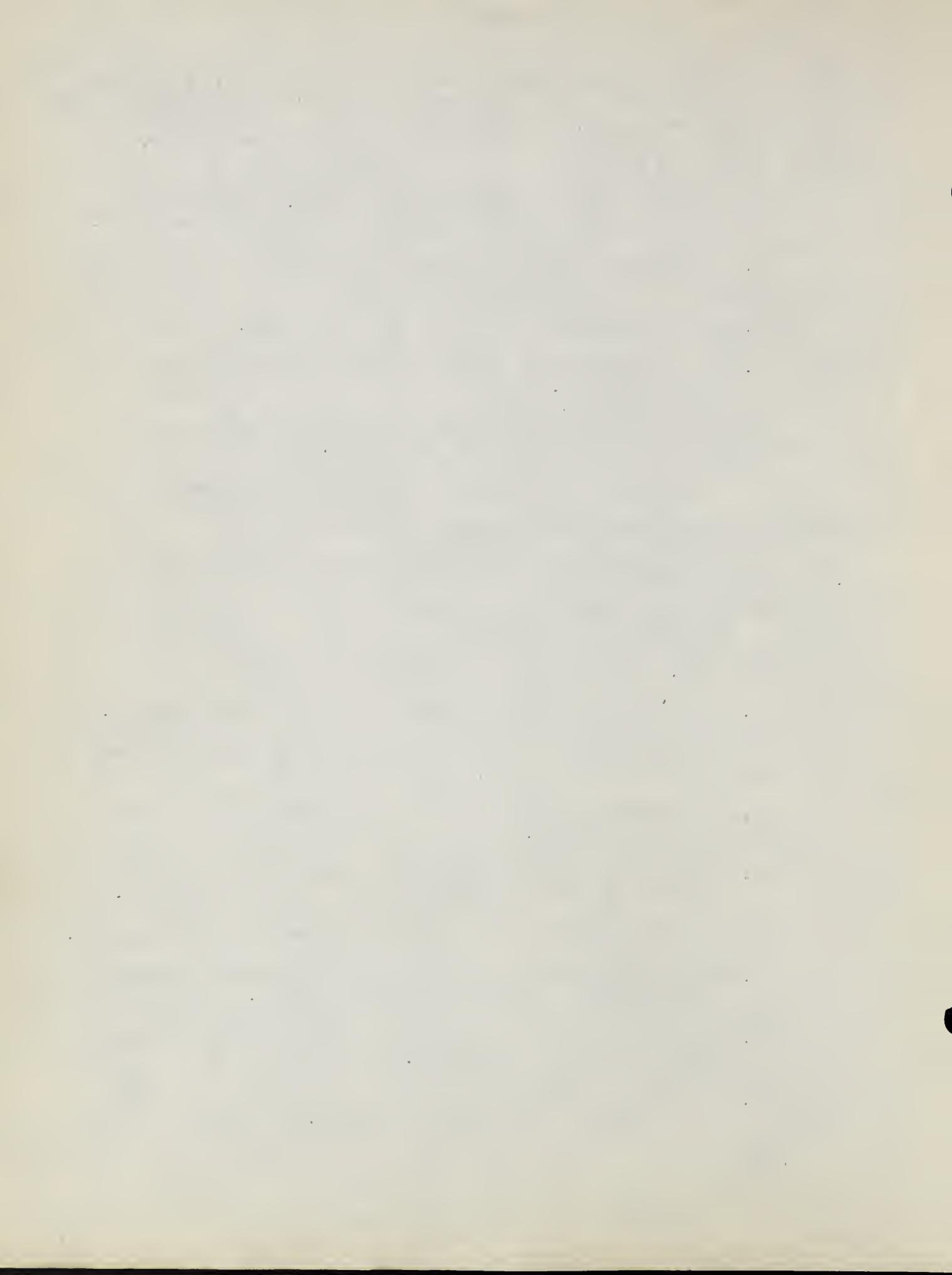
This points to the need of examining the social structure
of the hospital community to determine if ways can be found to
include "isolated" patients in this community.

Certain inferences will be drawn based on the data
presented.

FIGURE VI

PATIENTS LIKED BY PATIENTS ON FEMALE CONVALESCENT UNIT IN TERMS

OF FIRST, SECOND, AND THIRD CHOICES OF PATIENT FOR

PATIENTS AND RECIPROCATION BY SAME PATIENTS

LEGEND:
FIRST CHOICE _____→
SECOND CHOICE _____→
THIRD CHOICE _____→

To read this figure, using patient 51 as an example, 51 chooses 40
as her first choice of patients, 53, her second choice, and 42 her
third choice. 53 chooses 51 as her third choice, 55 also chooses
51 as her third choice. Neither 40 nor 42 reciprocate 51's liking
for them.

FIGURE VII

PATIENTS LIKED BY PATIENTS ON MALE CONVALESCENT UNIT IN TERMS

OF FIRST, SECOND, AND THIRD CHOICES OF PATIENT FOR

PATIENTS AND RECIPROCATION BY SAME PATIENTS
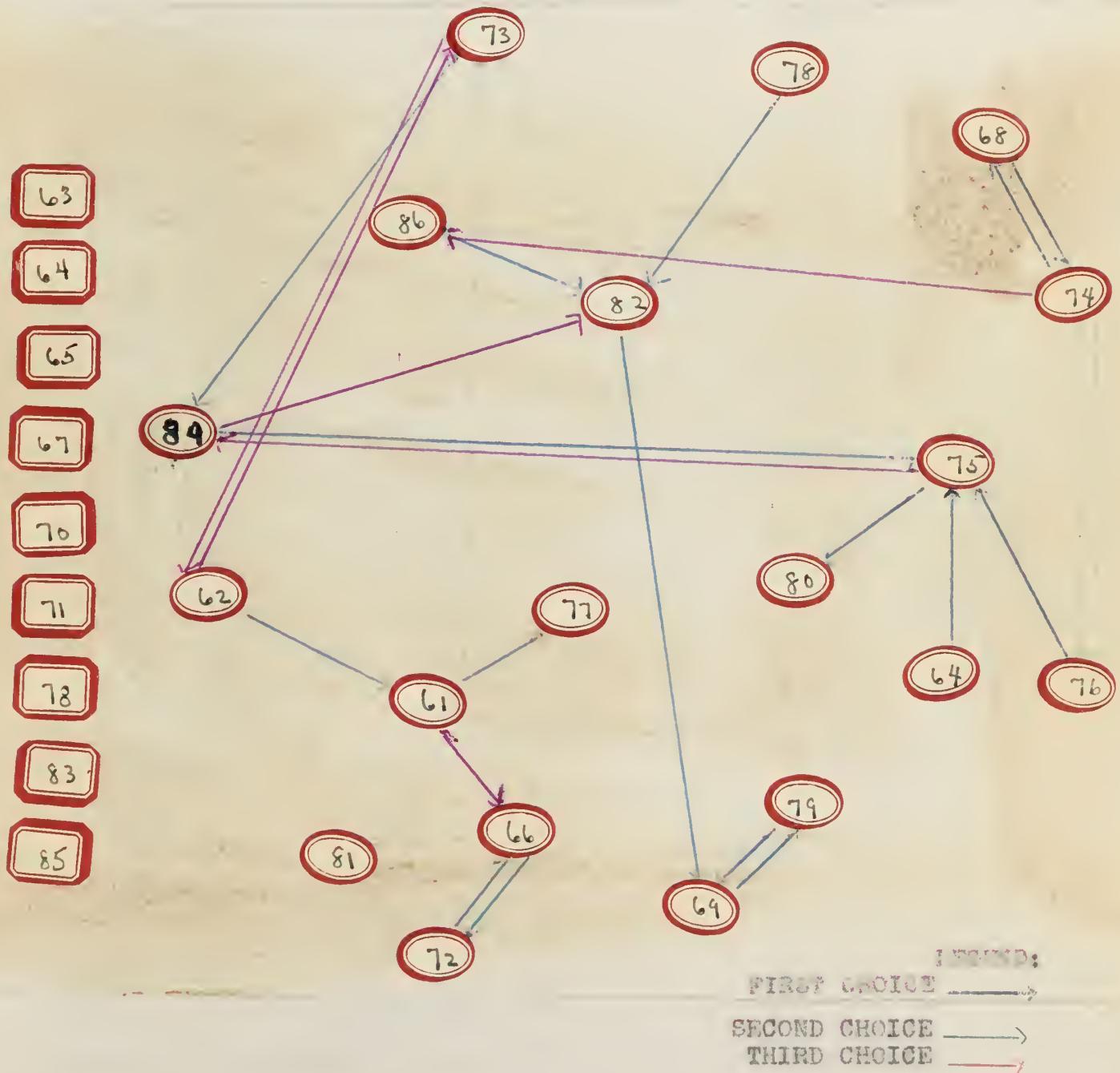
CHAPTER V

INFERENCES DRAWN FROM THE DATA

There are certain inferences that can be drawn from the
data presented. They are as follows:

1. There is a trend for personnel to like patients
who like them, who do not threaten their authority or position
on the ward, and who do not make demands that the personnel are
unable to fulfill. Personnel do not readily understand the
seemingly inappropriate behavior of the acutely ill patient
and generally give two chief reasons for dislikes, "not knowing
how to approach the patient" and "not understanding the patient".
It is evident that the personnel need help in understanding that
the seemingly inappropriate, unpredictable, aggressive behavior
of the patient is not directed at them as individuals but that
it is merely a symptom of illness. This points to an area in
teaching where this need may be met directly by having the
approach towards understanding why the patient acts as he does
and the possible meaning of his behavior.

2. Although fewer reasons for not liking patients were
given on the two convalescent than on the acute units, the
number was considerable, when one realizes how near "well"
these patients are. It is reasonable to assume that the
personnel have failed to realize that the convalescent patient
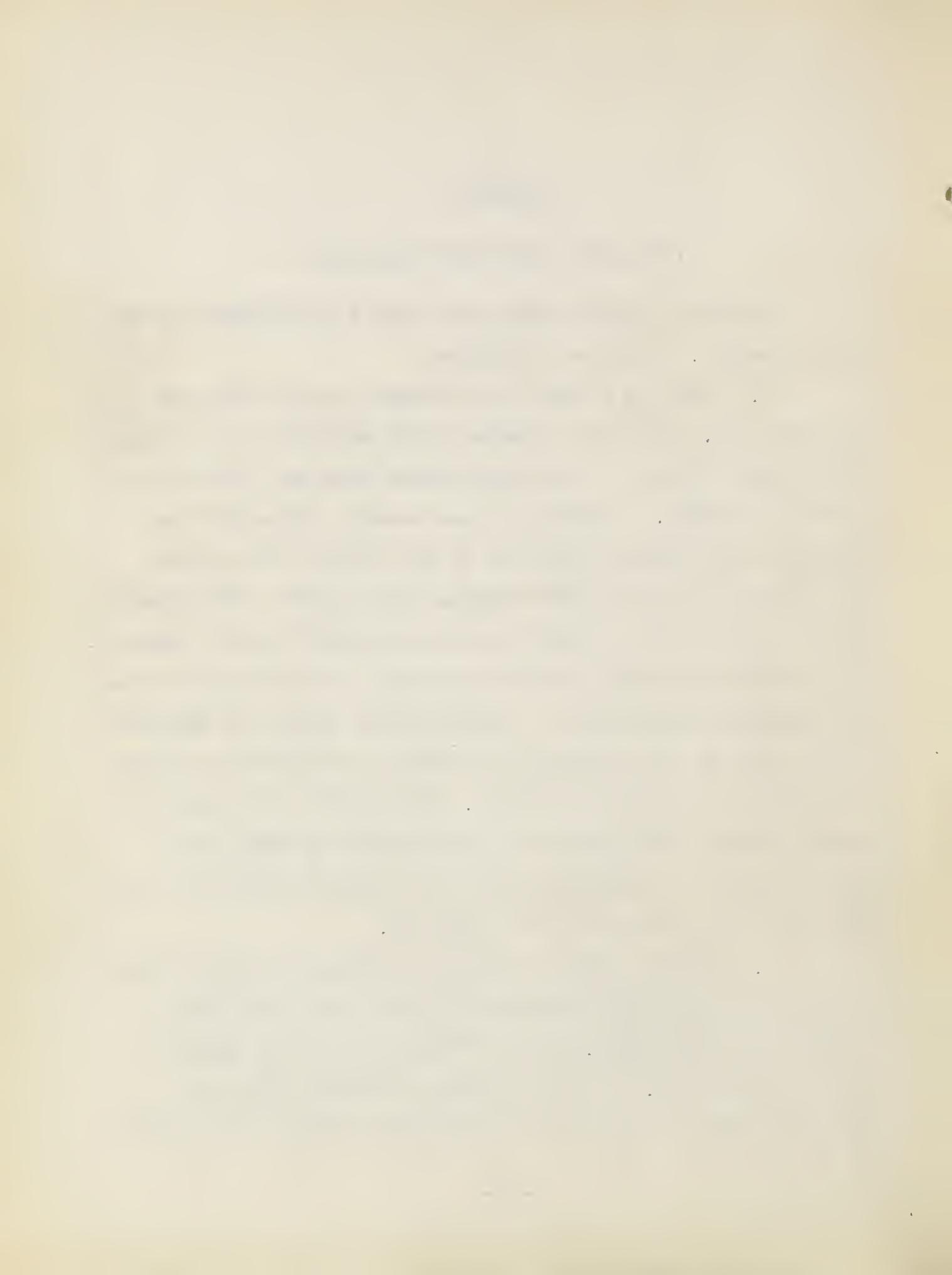
has not completely recovered although his overt behavior approaches normal or near normal. Because of this the personnel expects the patient to conform to ward rules, to help with the ward work, and to be quiet and well behaved. They seem displeased with the patient who cannot or does not conform. Perhaps if adequate emphasis were placed on the dynamics of deviations from the normal, nursing personnel would be aided to become more understanding of patients.

3. Patients on the female convalescent like fewer personnel than do the patients on the other two units. The possibility presents itself that on this unit the patients have less need for close relationships with the personnel and that they are increasing their relationships with other patients. This fact is pointed out by the number of relationships the patients on this unit formed with each other and can be seen in the sociogram presented in Figure VII. The male patients, on the other hand, seem to form more close relationships with personnel and fewer with other patients. This is evidenced in the sociogram presented in Figure VIII. It may well be that the male patient is relating more to the female personnel on this unit than to the other male patients. In itself, this would be a healthy indication that these men are forming more relationships which may be more normal for male patients. If this shift in the formation of relationships from personnel to patients as evidenced on the female convalescent unit is an indication of the patient's ability to form more healthy, normal relationships, it would have important implications in the

education of the personnel. Personnel should become aware of the period in recovery when the patient reaches out to form relationships with other patients and no longer needs the dependency on the personnel. A much more extensive period of observation than was included in the scope of this study would be needed to determine whether this closer association with personnel is an indication of recovery or whether it is an indication of overdependency on personnel.

4. In general, patients not liked by personnel are not liked by other patients, but patients liked by the personnel may or may not be liked by other patients. Very often the fact that the patients who are liked by the personnel are not liked by other patients is overlooked. The personnel feel, in many cases, that because the patient has a good relationship with them, he is making a good social adjustment. In reality, however, the patient's adjustment may be a dependent one. This may be preventing the patient from reaching out to form more normal, less dependent, relationships with his peers. It becomes evident that fostering the sensitivity of personnel to all aspects of patient adjustment is an essential element in the preparation of nursing personnel.

5. A small but important group of patients are rejected by both patients and personnel. This fact makes the rejection more serious than was first envisioned because the patient is denied a close association not only with his peers, but also with the professional group. There is a need for emphasis in teaching that such a group of patients might be

present on the unit. The needs of these patients might be pointed out to the nursing personnel and ways to meet these needs suggested.

6. Personnel like patients who have almost the same traits their friends have. For example, they like patients who are friendly, neat, attractive, young, and who have something in common with them. Traits not liked in patients are traits which the personnel do not accept in their friends. For example, unco-operative, quiet and withdrawn, and unappreciative. This indicates the breadth of interests desirable for the psychiatric nurse in order to have common interests or contact points with a wider diversity of patient interests. It points to the fact that nursing administrators must recognize and deal realistically with the fact that although the nurse in the hospital functions in a professional capacity, she brings with her biases for liking and disliking persons that she had in the community. It is necessary for any educational program to realize that the nurse does not drop off her own personality and previous attitudes when she accepts the professional role of the nurse and that she functions first as an individual and second as a nurse.

7. The reasons which patients chose for liking personnel have broad implications in that they point to an area of study to determine what characteristics of personnel are liked by patients and what characteristics cause patients not to like personnel. If we base as one of our hypotheses that a nurse is a good psychiatric nurse if she likes patients and if patients

like her, then this approach to the selection of desirable nursing personnel in a psychiatric hospital has validity. A further study in this area may be of value in the selection of personnel to work with the mentally ill. It may be that this is a realistic, practical approach to the understanding of what qualities make good personnel from the patients' standpoint.

These inferences point to a need for studying the educational program of the hospital to determine whether gaps may be found which make for difficulty or ease in the establishment of rapport.

CHAPTER VI

APPRAISAL OF THE EDUCATIONAL PLAN

An appraisal was made of the educational plan in effect
at the time of the study. As previously stated, students come
from five different schools of nursing in the area for a twelve-
week affiliation in psychiatric nursing. The greater number of
these students are in the second year of their educational
program. The affiliation is so planned that students are ad-
mitted at six-week intervals. This provides for a junior group
and a senior group of students at all times.

The plan for the three-month affiliation in psychiatric
nursing is as follows:

1. Formal classroom teaching, 90 hours, which includes
    emphasis on neuroanatomy and basic psychiatry.
    Psychiatric nursing is also taught as is hydrotherapy,
    the special therapies used in the hospital, and
    occupational therapy.

2. Teaching in the clinical situation, 58 hours, which
    includes:

    a. Attendance at staff conferences, 14 hours,
        usually conducted by the physicians. Although
        these usually focus on discussion of patients,
        they are directed, for the most part, to a
        discussion of the diagnosis and psychiatric
        treatment of the patient rather than on the
        nursing implications.

    b. Field trips to the Warren Museum and the Boston
        State Hospital, 8 hours. Although the latter
        gives the student an opportunity to see, super-
        ficially, a large state hospital, very little
        tie-up is made of the field trip in classroom

discussion. The former, too, is not tied in to the students' experience.

c. Attendance at the psychiatrists' administrative interviews with new patients, 18 hours. Here the student listens to the interviews but does not participate in them. She is given no preparation for the interview, nor is any follow-up discussion held to link this experience with her day to day experiences on the unit.

d. "Morning circle" which is chiefly an administrative procedure in which the night personnel exchange reports with the day staff and at which time the assignment of nurses to patients is discussed, 8 hours.

e. Attendance at discussion of patients by the intake psychiatric social worker, 10 hours. These discussions are oriented to the social problems of patients newly admitted to the Head Nurse Unit.[1]

It can be seen from the foregoing that some attempt is made to acquaint the student with the psychiatric and social adjustment problems of the patient in the various head nurse units, but there are no definite plans for discussion of the every-day problems of the nurse nor of nurse-patient relationships except as an end product of these other discussions.

The plan for rotation is made before the student comes on affiliation. No provision is made for individual differences. The student is rotated through the four services and the treatment unit of the hospital. A student is usually on each of the services for a two-week period. A two-week period is allowed for return to assigned head nurse units later in the affiliation. This appears to be one of the weaknesses in the educational plan. A student is not on any unit long enough to familiarize

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[1] Conference with Director of School of Nursing and Educational Director; March 23, 1950.

herself with the patients before she is transferred to some other unit. It takes time and opportunity to develop skill in interpersonal relations.[2] This is not readily accomplished with a rotation plan which permits such short periods of acquaintanceship in each of the varied services. As previously noted in the study, the patients remarked that they hardly knew the nursing students since the latter were usually in class or in the office. More efficient and economic learning might ensue if the student was allowed six weeks on each of two services and if she was encouraged to accompany the patients to whom she is assigned to the special services such as social service, occupational therapy, and insulin treatment.

It is apparent that frequent changes of personnel present certain disadvantages to the educational plan and to the achievement of optimum nursing care of the patients.

The present plan of a two week assignment of students to a head nurse unit might be more valuable if all the students could proceed from the acute to the convalescent unit with provision for follow through with some of the patients. Since the turn-over rate of patients is so great, this plan would still not allow for continuity of patient care in the majority of instances unless students beginning with the female acute unit rotated directly to the female convalescent unit and male acute to male convalescent. The student who is rotated so rapidly through the four services is placed in an unfavorable position

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[2] Theresa G. Muller: The Nature and Direction of Psychiatric Nursing Lippincott, 1950. Philadelphia. Page 227.

She competes with the attendant who has been on the service for a longer period of time and who does not rotate, as a rule, and who probably has had much longer experience with psychotic patients. The student may feel insecure because she is so frequently by-passed by the patient who has a request to make. The patient naturally goes to the attendant whom she knows, rather than to the student to ask for things.

Head nurses also rotate on the average of once every two months. This contributes to the accomplishment of the Hospital's aim, namely, that each head nurse fully recognizes and appreciates the total plan of psychiatric care of patients from admission to discharge. Rotation, however, is confined to the four head nurse units. It does not include experience in Occupational Therapy, Physiotherapy, Hydrotherapy, or Social Service, therefore limiting its effects to the aspects of care provided within the head nurse units. The head nurses, therefore, lack the opportunity to initiate and direct the kinds of studies which would tend to result in better nursing care of the patients, in fostering continuous growth of personnel in service, and in better utilization of different categories of personnel. It precludes the opportunity for the nurse to gain the depth of insight and the knowledge of one phase of psychiatric nursing essential for creative teaching of nursing students assigned to a head nurse unit. It is obvious that some other method is needed to provide the articulation desired between head nurse units which is in accord with other accepted principles of

modern administrative management. Moreover, patient centered teaching which considers comprehensive nursing care plans and desirable student adjustment requires time for nursing personnel to form interpersonal relations.

The in-staff educational program for the attendants consists for the most part of informal discussions of problems which arise in the hospital situation. These are usually conducted by the Assistant Superintendant of the hospital who is a psychiatrist. The nursing student's classes, however, are conducted along more didactic lines centered around previously planned subject matter rather than coming to grips with vital and currently present nursing situations. Because of strict adherence to plans, the subject matter and real patient problems that are pressing at the time are not brought up because they do not coincide.

Thus, there is no place in the educational plan which allows students opportunity to discuss in small groups their feelings about their relationships with the patient. The nearest approach to this is in the ten classes with the social worker.

Although an understanding of the social background of the patient is essential for the nurse if her plan for care is to be comprehensive, nurse-patient relationships and other nursing problems are also of sufficient import to warrent inclusion of them in the program and provision of time for teaching and learning in regard to them. An examination of the

lesson plans and course outlines failed to reveal any definite provision for this. As previously indicated, no supplemental provision was made for it in the fifty-eight hours assigned to teaching in the clinical situation. Nor can it be assumed that all students are equally capable of applying theories and underlying principles of psychiatric nursing to actual care of patients without well directed guidance. Furthermore, from the reasons given by students for disliking patients the gap between theory and practice, or even lack of theory and nursing need, is apparent. Definite provision should be made to include consideration of nurse-patient relationships in the clinical situation.

From a theoretical point of view, the students of nursing are probably receiving a good introduction to psychiatric nursing and to the dynamic concept of psychiatry. However, there is little evidence that this dynamic orientation is correlated with the hour by hour experiences of the student working with the patient. The apparent success of the attendant in-staff educational program suggests that organized yet informal discussions with the students focused on actual everyday problems might be more helpful and contribute to more effective patient care. There are certain other experiences available also but which are not now being used to fullest advantage for nursing students' education which could aid them appreciably to achieve skill in interpersonal relations. For example, a student could follow the patient to whom she is assigned through

the occupational therapy, the physiotherapy, and the social
service departments observing the patient's reaction in these
different situations and the kinds of contacts established.
This should lead to a deeper understanding of the patient as a
person, his needs, his interests, and his conflicts which are
expressed through behavior manifestations in different situations.

As both patients and nursing personnel are involved in
interpersonal relations and as the attitudes of the patients
reflect the attitudes of the nursing personnel, any plan for
improving interpersonal relationships should consider both the
patients and the nursing personnel.

CHAPTER VII

APPLICATION OF THE DATA TO TEACHING

This chapter will indicate the application of the findings of the study to the teaching program of Hospital X. It will point up broad implications in closing gaps in the field of interpersonal relations that were shown in the previous chapter.

Group Discussions With Patients

The first method of applying the data from the study was to have discussion meetings with small groups of patients selected by the head nurse as "problem patients". These discussions were centered around what the patients liked about the hospital and were led to the area of what the patients disliked. Since it was assumed that any effort to improve relationships would have to include the patients as well as the personnel, it was felt that this was one method of helping the patients gain understanding and insight. Here in a permissive situation, the patients were given an opportunity to ventilate their dislikes as well as their likes. The following is a verbatim record of one of these sessions recorded at the time of the session:

Leader: "I wonder if we could talk about some of the things that you like about the hospital so that we can plan what you would like included in the program here."

87:     "I like the Patient Government. It gives us a chance
        to say what we think needs to be done. The doctors
        and nurses listen to you then."

88:     "I like the Amateur Night programs - it gives you a
        chance to take your mind off yourself."

87:     "I know something that we need - I feel that we need
        to have someone explain the hospital routine to us.
        I know when I first came here they explained the
        routine to me but with treatments and all you forget
        the things that they tell you the first day. I think
        that the nurse needs to know that she may have to
        explain some of them over again."

89:     "I would never take a patient up to the unit without
        telling her what to expect. I think that the interview
        we have before we go up on the unit helped me to know
        what it would be all about."

88:     "I think that it is part of the attendant's job to be
        able to answer some of the patient's questions. I
        think that attendants and nurses need to know some of
        the answers to the questions we ask, like the questions
        we have about treatment."

87:     "If the students knew a little more about us, they
        would know better how they could help us. Maybe they
        could answer some of our questions. No one wants to
        walk into a treatment blind. It helps to have the
        students able to give you some of the answers."

89:     "I think the students should know about the history of
        the patient. Then the student would try to find out
        what is troubling the patients more."

87:     "I think that the student needs more time to sit down
        and to just talk to us, there are times when just
        talking helps. I think that the attendants and students
        are working at a disadvantage because they don't have
        time to talk to us."

Leader: "Thank you, that helps give me an idea of what you as
         patients would like. Will you be willing to think
         about this somemmore, and if you think of any other
         points, tell me when you see me on the unit?"

        In this manner, through discussions with small groups,

it was possible to determine that the patients felt the nursing

personnel needed to know more about them, to take time to talk

to them, and to be able to answer their questions. The patients realized that the personnel were working at a disadvantage. This gave these "difficult patients" a chance to ventilate their reasons for dissatisfaction. Several other discussions were held with this group, and further understanding of the role of the nursing personnel and of the patient was gained.

Group Discussions With Students of Nursing

These data were used in teaching affiliate groups in two ways. First, in order to determine whether another group of students of nursing would have the same reasons for liking and disliking patients, three months after the original study was completed an entirely different group of affiliate students of nursing were asked to write out characteristics of patients with whom they easily established good relations and of patients with whom they found difficulty in establishing good relations. An entirely different group of patients was involved in this project as well as an entirely different group of students. In general, it was found that this second group of students chose the same characteristics that were conducive to the establishment of good rapport, and many of the characteristics which inhibited the formation of good rapport were similar to those expressed by the previous group.

The students who had been in the hospital the longest listed more qualities in both classifications, indicating that they either felt freer to admit and to recognize areas which are conducive to or which interfere with the establishment of

good interpersonal relations or that they had gained more insight. Table 27 shows a comparison for liking patients between the first and second groups. This points to similarities in traits that are liked. Table 28 shows a comparison of traits which cause personnel to have difficulty in forming good interpersonal relations with the patients in the two groups. This points up similarity between the disliked patients by the two groups. The attitudes expressed by the first group of personnel interviewed were not unique to that particular group for it seems that the same group of attitudes appeared in the subsequent group of students. By applying the material gathered in a slightly different manner, it is possible to show rather definitely that these liked and disliked traits were generally the same and at the same time have wide implications for teaching. It indicates that this study related not only to one particular group, but suggests that it might relate to all affiliates and all patients.

The consistency of data showed a way that the data could be used in group discussion. This pointed to the use of the qualities of the patients which cause personnel not to like them as a focus of group discussions with the affiliates. Very realistic determination of the areas of the students' greatest anxiety in interpersonal relations with the patient was obtained by focus on this area.

Group Discussions With Other Personnel

A form of "feeding back" the information was in a

TABLE 27

COMPARISON OF REASONS FOR LIKING PATIENTS
BY TWO GROUPS OF STUDENTS

Reasons for Liking	Total Number Chosen by 26 Personnel	% of Total	Total Number Chosen by 18 Personnel	% of Total
Patients' unit adjustment				
Helps with ward work	109	18.7	9	10.6
Enjoys doing things for others	40	6.8	10	11.8
Personality traits of patients				
Co-operative	79	13.5	11	12.9
Friendly	62	10.6	7	8.2
Quiet	39	6.8	1	1.2
Easy to get along with	33	5.6	6	7.3
Neat, attractive	16	2.7	4	4.8
Young	12	2.1	4	4.8
Appreciative	12	2.1	6	7.3
Nurse-Patient Relationship				
Personnel feel patient is improving	35	5.9	3	3.5
Personnel feel sorry for patient	26	4.4	1	1.2
Personnel have something in common with patient	22	3.8	2	2.4
Patient does things for personnel	22	3.8	1	1.2
Patient talks with personnel	24	4.1	7	8.2
Easy to talk to	19	3.3	7	8.2
Presents no problem to personnel	14	2.4	1	1.2
Is challenge to personnel	5	.9	0	0.0
Patient is motherly type	6	1.0	0	0.0
Personnel feel they can help patient	4	.8	4	4.8
Likes physically ill patients	2	.4	0	0.0
Likes elderly patients	2	.4	1	1.2
Total	581	100.1	85	100.8

Source: Table 2 and Interviews.

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TABLE 23

COMPARISON OF REASONS FOR DISLIKING PATIENTS
BY TWO GROUPS OF STUDENTS

Reasons for Disliking	Total Number Chosen by 26 Personnel	% of Total	Total Number Chosen by 18 Personnel	% of Total
Patients' unit adjustment				
Does not get along with other patients	21	5.9	4	6.0
Breaks unit rules	19	5.4	2	2.9
Does not help with ward work	17	4.8	3	4.4
Personality traits of patients				
Demanding	34	9.6	3	4.4
Quiet and withdrawn	34	9.6	10	14.5
Unco-operative	24	6.8	6	8.7
Unpredictable	32	9.1	5	7.2
Slow	22	6.2	0	0.0
Sarcastic	23	6.5	3	4.4
Silly	13	3.7	0	0.0
Complaining	7	1.9	1	1.4
Untidy in appearance	7	1.9	5	7.5
Depressed	5	1.4	1	1.4
Assaultive	4	1.1	1	1.4
Lazy	1	.3	2	2.9
Nurse-Patient Relationship				
Personnel does not know how to approach patient	24	6.8	6	8.7
Fondles personnel or makes advances	11	3.1	1	1.4
Personnel afraid of patient	12	3.4	1	1.4
Personnel find it difficult to understand patient	17	4.8	1	1.4
Patient repeats or asks something over	10	2.8	5	7.2
Patient not improving	5	1.4	2	2.9
Patient looks for sympathy	5	1.4	2	2.9
Patient ignores personnel	5	1.4	4	6.0
Personnel feel that patient starts trouble on unit	1	.3	1	1.4
Total	353	99.6	69	100.4

Source: Table 3 and Interviews.

group discussion that the Assistant Superintendent of the hospital had with the head nurse group. In this meeting he presented to the group the progress that had been made in this and in other research projects in progress at the hospital at the time. The material from this study was presented in the form of the profile of liked and disliked patients. Discussion centered around the implications of the two extreme groups in terms of how this relationship might help or hinder the patient in making an adjustment in the hospital community and in the community outside of the hospital. The main reasons for liking and for disliking patients on each head nurse unit were presented. In the opinion of the Assistant Superintendent the head nurses seemed desirous of learning more about the problem of rapport on the units and appreciated the importance of this work which they felt gave a realistic presentation of the hour by hour ward problems. It appears from the attitudes expressed that there is a need for informing the head nurses of the progress of all the studies going on in the hospital. The head nurses themselves felt the need for a series of discussions based on interpersonal relationship and asked that more such discussions be included in head nurse meetings.

As weekly meetings were held with the Occupational Therapy and Physiotherapy Departments, an opportunity was presented for a gradual presentation of the material gathered in this study to both these groups which consist of hospital personnel, students, and volunteer workers in these two departments. It tied in closely with an educational project of

role playing which is being used at the present time by the occupational therapy department as a teaching tool.

The findings of the study were communicated to the Superintendent of Nurses, the Day Supervisor, and the Educational Director while the study was in progress. No doubt the findings had a certain effect in emphasizing the importance of inter-personal relations and was incorporated in some of the classroom teaching.

The material was presented to a group of affiliate students in still another way. A new group of students who had not encountered most of the difficult patients was presented this material in an informal class. Because no one had been involved in the strong situation of liking and disliking patients, the discussion did not strike at any deep emotional level. It did, however, interest the students and forewarned them of some of the realistic situations that they would have to face at a later date. It allowed them an opportunity to know in advance some of the factors which might influence their ward adjustment when they were placed on the head nurse unit. It gave them a more realistic picture of what the hospital situation actually is. It was felt that this discussion helped the students to verbalize to each other their affective relationships with the patients rather than to hide these likes and dislikes in a guilty manner.

The material was used as the focus of discussion for four of the attendant classes which were part of the regular in-staff educational program. The first discussion centered

around patients who irritate the personnel; the second, around
the patient who does not help with the ward work; the third, the
patient who is lazy; and the fourth, the patients whom the
personnel find hard to understand. The following verbatim account
of the meeting on "The Patients Who Irritate the Personnel" is
presented as an example of the application of these data to the
informal group discussion with the attendant group:

Dr: "As you know we have just had a study in psychiatric
nursing on nurse-patient attitudes. We find that
there are patients on each ward who are not liked by
personnel and we found out the reasons given for not
liking these patients. We feel that by discussing
the characteristics of patients who are most dis-
turbing to you, we can come to an understanding which
will make them less irritating. Take the chronic
griper, for example. How many of you are irritated
by persistent chronic griping?"

 After discussion, three stated that they were irritated
by persistent chronic griping, and two that they were not.

Dr: "What other characteristics bother you?"

Mrs. G: "A patient who has a foul tongue bothers me."

Dr: "When it is directed at you?"

Mrs. G: "No, when it is directed against anyone."

Mr. M: "I imagine that bothers the females more than it does
the males. I cannot say that it bothers me."

Dr: "How many others does it bother?"

 No other attendant admitted that he was particularly
bothered by this.

Mr. M: "The thing that bothers me is incontinence in the
patient with whom you have worked for a long time
trying to get him to do something in the toilet
after a half-hour's work. Just as soon as you get
him up from the toilet, he is incontinent.

 They all stated that after all they could not really

hold this against the patient. It was something beyond the
patient's control.

Dr: "But do you really think that the patient has been
            spiteful about this even though you know that this
            is beyond the patient's control?"

Mr. M: "Yes, that's the way I feel about it."

Dr: "How about the rest of you?"

            Four of the five stated that it would irritate them too.

Dr: "What other patients do you have difficulty liking?"

Mrs. G: "The patient who is unresponsive, who always is alone,
            and who walks away when you speak to her."

Dr: "Why does this bother you?"

Mrs. G: "I do not like to see the patients all alone nor have
            them walk away when I talk to them."

Dr: "Do you feel that walking away is an expression of
            hostility?"

Mrs. G: "I do not know."

There was further discussion of the idea that when the
patient is unresponsive, seclusive and walks away it is actually
often felt by the personnel as a rejection, the patient is
refusing to socialize and is refusing to accept the ministrations
of the personnel.

This informal type of directed group discussion gives
the attendant group an opportunity to work through some of the
problems which may be bothering them in their relationships with
the patients. Here, the doctor is permissive and accepts the
ideas expressed by the attendant. He serves the role of one who
clarifies the ideas expressed by them.

Role Playing

The next method of applying the data was applied to teaching with the affiliate group in role playing. They were asked to "act out" the situations occurring on the unit with which they were having difficulties in the realm of nurse-patient relations. This is a modification of the "role playing" technique suggested by Bavelas[1] in industrial relations.

The "role playing" session was started with a short discussion during which the group was encouraged to present examples of interpersonal difficulties in their relationships with patients. The discussion was centered around the list of traits with which the student found difficulty in forming relationships. A situation of concern to the personnel was decided upon. The problem situation was clarified for the group by the leader; for example, the student trying to get an irritable, overactive, manic patient to engage in some form of ward activity (an area of concern to the student) was used. One member of the group was selected to play the role of the patient. Each student in turn approached the "patient" in the problem situation to try to secure his participation in ward activities while the student playing the role of the patient acts out the role decided upon. The "patient" was asked, "Which of the nurses do you think you would rather have taking care of you?" The

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[1] Alex Bavelas, "Role Playing and Management Training". Sociatry. 1: 183-191, June 1947.

general discussion which followed was centered around what desirable nursing behavior might have been in this situation. Role playing, centered around problem areas in nurse-patient relationships, helped the nurse meet difficulties that she may be encountering in the hospital situation. Here, she was given an opportunity to try out different approaches to help find some of the answers to patients when she "does not know how to approach."

Below are some of the stated remarks of the students concerning a role playing session. These indicate the reactions of the students to this experience:

AA: "I felt that there was some urgency in my voice when I approached the "patient", and I think the patient might have felt it."

BB: "It is interesting how you can put yourself into the situation."

CC: "I was raging at myself for not being able to get the patient to do what I wanted her to do. I sometimes feel like that with real patients, but I cannot let the patient know how I feel."

DD: "I think that the reason we get agitated at the patient is because we feel so helpless in the situation."

AA: "It certainly helps to act these things out, it will help me in working things through with patients like this."

This is one method through which the student can gain insight into ways of approaching patients and gain understanding of her reactions to patients.

Use of Data in Counseling

The fourth method of applying the data was to "feed

back" the results of the study in discussions with small groups
of personnel. Since the personnel showed interest in the re-
sults of the study, the opportunity was used to form an opening
wedge for non-directive counseling with both affiliates and
attendants. The leader was asked how the study was coming along
by four of the students whom she met on the head nurse unit.
When the opportunity was taken to use this as a teaching session,
the following occurred:

Leader: "It appears, so far, that there are a few patients on
the unit who are universally disliked by practically
all the personnel. Perhaps if we talk a little more
about some of these patients it might help us under-
stand them a little better. They were 15, 26, 22 and
2. (Names of patients were used in the discussion.)"

Students present at the discussion were I, G, C and E.

E: "15 is so whiny. You can tell her the same thing over
and over a dozen times and she still asks you the
same thing. I realize that that is why I do not like
her."

I: "She wears you down. It bothers me more as the day
goes on. I do not mind it so much at the beginning
of the day, but I get busier and as she keeps it up,
it wears me down."

C: "Perhaps she does not need to be told that she will
get better all the time. Maybe it would be better
if she was not reassured all the time."

I: "I notice that if no one is around she will do things
for herself, and if you are around, she is practically
helpless."

G: "26 is almost like 15 in a way. We have to keep telling
the same thing over and over to her, too. She antago-
nizes the other patients. That's what I do not like
about her."

Leader: "Could you help the other patients to understand and
like her better?"

E: "I had not thought of that."

I: "She is so non-responsive (26); all those patients
are. You have to keep repeating over and over what
ever you say to all of them."

C: "If you want her to put on a clean dress, she will not
do it. She will not listen to you. You cannot reason
with her. I guess it is hard to like her because you
feel at a loss to know what to do."

E: "Yes, when you do not know what to do to help the
patient, you end up by not liking the patient. It is
funny, I never thought it out before."

I: "2 is a lot like 15 and 26, no matter what you say to
her she keeps saying, 'My dad is coming for me today'."

G: "You cannot get her to do anything that she is supposed
to like, going to the dentist. It seems that she will
do just the opposite to what you want her to do."

I: "22 is not too hard to get along with. I guess she
just does not have the personality that I take to."

E: "She is the kind of person that I overlook."

C: "I bet she would do better with a little more
attention, but somehow it is easier to give the
attention to the patients who respond to it."

G: "6 is so unresponsive, but now that she is getting
better, she really is nice."

I: "They told us that she had been in seclusion for years
in the hospital that she came from. She came with a
bad reputation. I was afraid to get anywhere near
her. It is not good to have a patient come to you
with a bad reputation."

G: "I guess we were all a little afraid to give her a
chance until she had her lobotomy. She is nice now."

E: "I like the patients who are a little like me. If
they have something in common with me, I do not find
it so hard to find something to talk about."

C: "I did not get to know 8 too well, she was transferred
from the unit the first week that I got here."

G: "Somehow, she was quiet and did not make much of an
impression on me."

I: "9 is so quiet, she was hard to know."
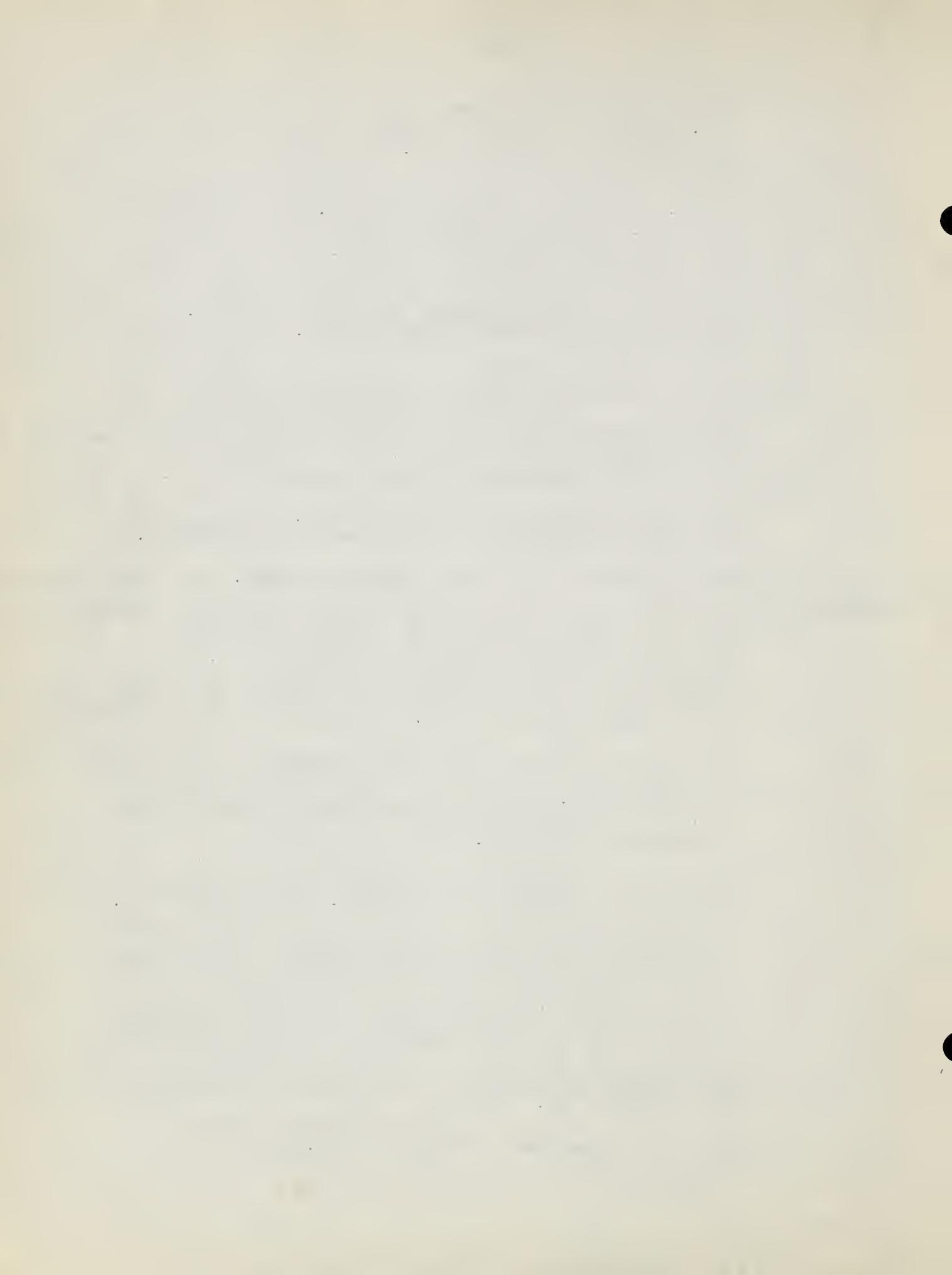
C: "She is kind of colorless. She is the kind of person whom you would not notice unless you have to."

E: "Yes, I agree with you, I have not gotten to know her."

The same students were seen by the leader five days later.

Leader: "Did talking about the patients, as we did the other day, help you in any way?"

G: "It helps to talk about them and to know that someone else feels the same way about some of the patients that you do."

C: "Understanding about 15 has helped me understand Mrs.—lots better. She is a lot like 15, but she does not bother me."

Leader: "Have you seen any other patients like 2 and 26?"

G: "There is no one just like them. But Mrs. D on Ward 3 is a little like them. She is not too hard to like."

I: "Knowing about the patients helps you understand them better."

C: "I find that I notice the quiet ones more."

E: "It helps to know the patients better and to know that someone else feels like you do. It makes you not feel so guilty about not being able to like everyone."

Several other meetings were held with small groups of the personnel who took part in the study. In each case, they expressed interest in the results of the study. In all cases, when they were given a chance to verbalize their reactions to the patients, they were able to work through for themselves the fact that some patients are not liked because the personnel find it difficult to understand the patient. In all cases, knowing that other persons feel the same way about the patient took the guilt feeling away from the situation and helped the personnel look at their reactions to the patients in a more realistic manner.
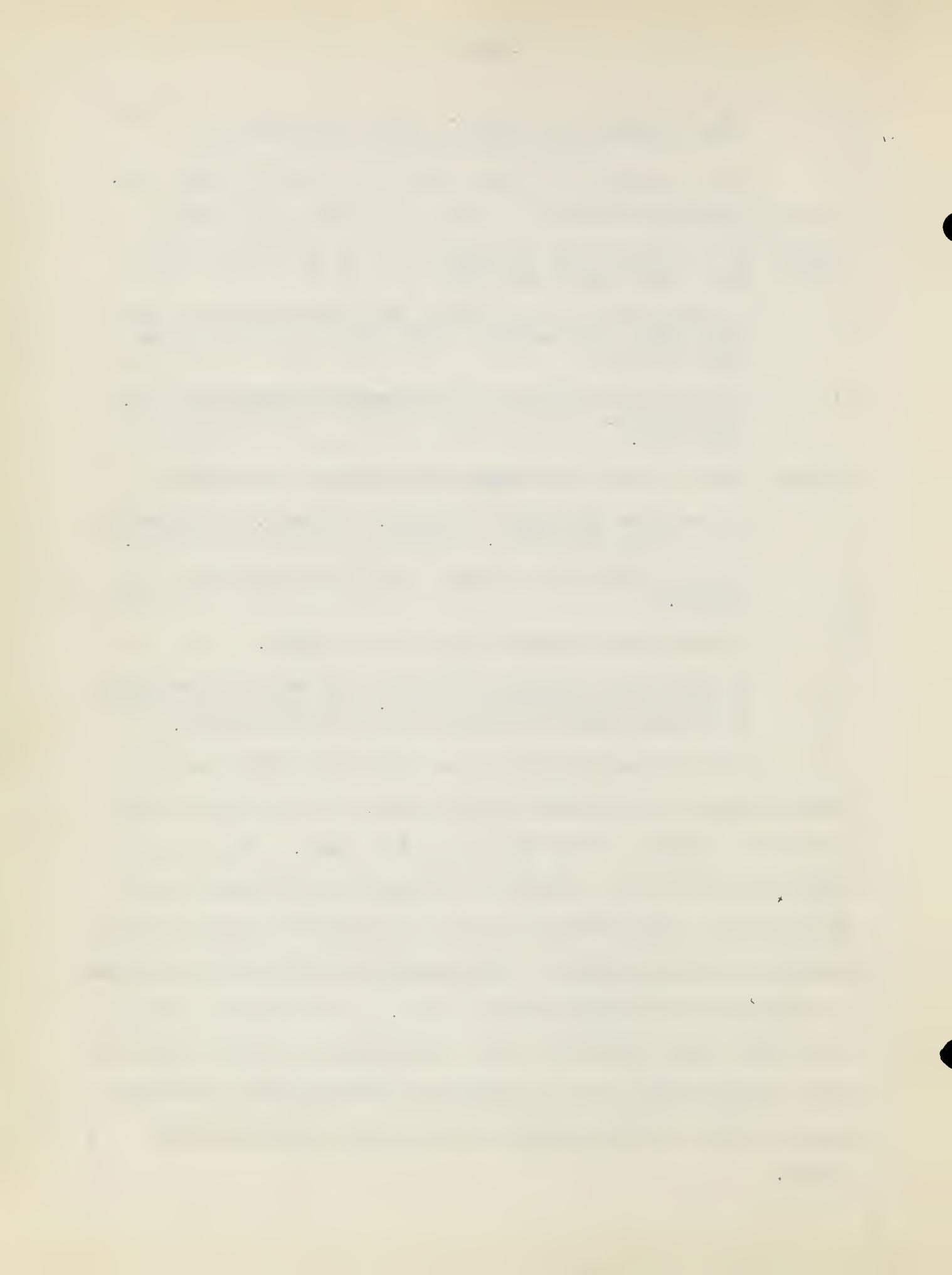
Discussion

While this was at best only a tryout, certain facts were evident which indicate that these methods would have value as an organized method of regular discussion groups rather than in a few incidental classes. It is felt that these few applications of the data indicate the usefulness of a problem-centered approach to the study of nurse-patient rapport. It is felt that it would be necessary to experiment further with this form of approach to determine the size of the discussion group, the length of each session, and the number of discussions necessary for achieving the most economical way.

In spite of the fact that these methods have been used for only a short period of time, it appears that they may have value as evidenced by the fact that there has been fewer resignations and fewer requests to change from unit to unit since the innovation of these methods. It has been noted that the students appear to be less apprehensive than formerly as shown by the fact that they seem to be spending more time with the patients on the unit and retreat to the nurses' station less frequently. It would be necessary to evaluate the results of this form of teaching over an extended period of time to determine the true value of the method.

The next chapter will discuss a summary of the findings, conclusions reached, and a recommended plan based on these conclusions. Recommendations will be made for further studies.

CHAPTER VIII

SUMMARY, CONCLUSIONS, AND PROPOSALS

Summary and Conclusions

The findings in the present study reveal the need for some modification in the teaching plan for students receiving psychiatric preparation at Hospital X if they are to be equipped to establish optimum rapport with patients. The following conclusions can be drawn from the data:

1. An examination of the likes and dislikes of nursing personnel to patients and patients to nursing personnel reveal some of the factors which are conducive to or interfere with the establishment of rapport.

The characteristics of patients who cause personnel to like them are consistant with the traits that cause personnel to like their friends. In general, personnel like patients who are young, attractive, have something in common with them, who help on the unit, and who present no problem. Patients like personnel who are friendly, sympathetic, understanding, who will listen to their problems, and who take an interest in them. Patients not liked by the personnel are not liked by the other patients. Patients who are most popular with the personnel are not necessarily most popular with other patients. This points to the fact that there may be a group of patients who are disliked by both personnel and patients. While only a small
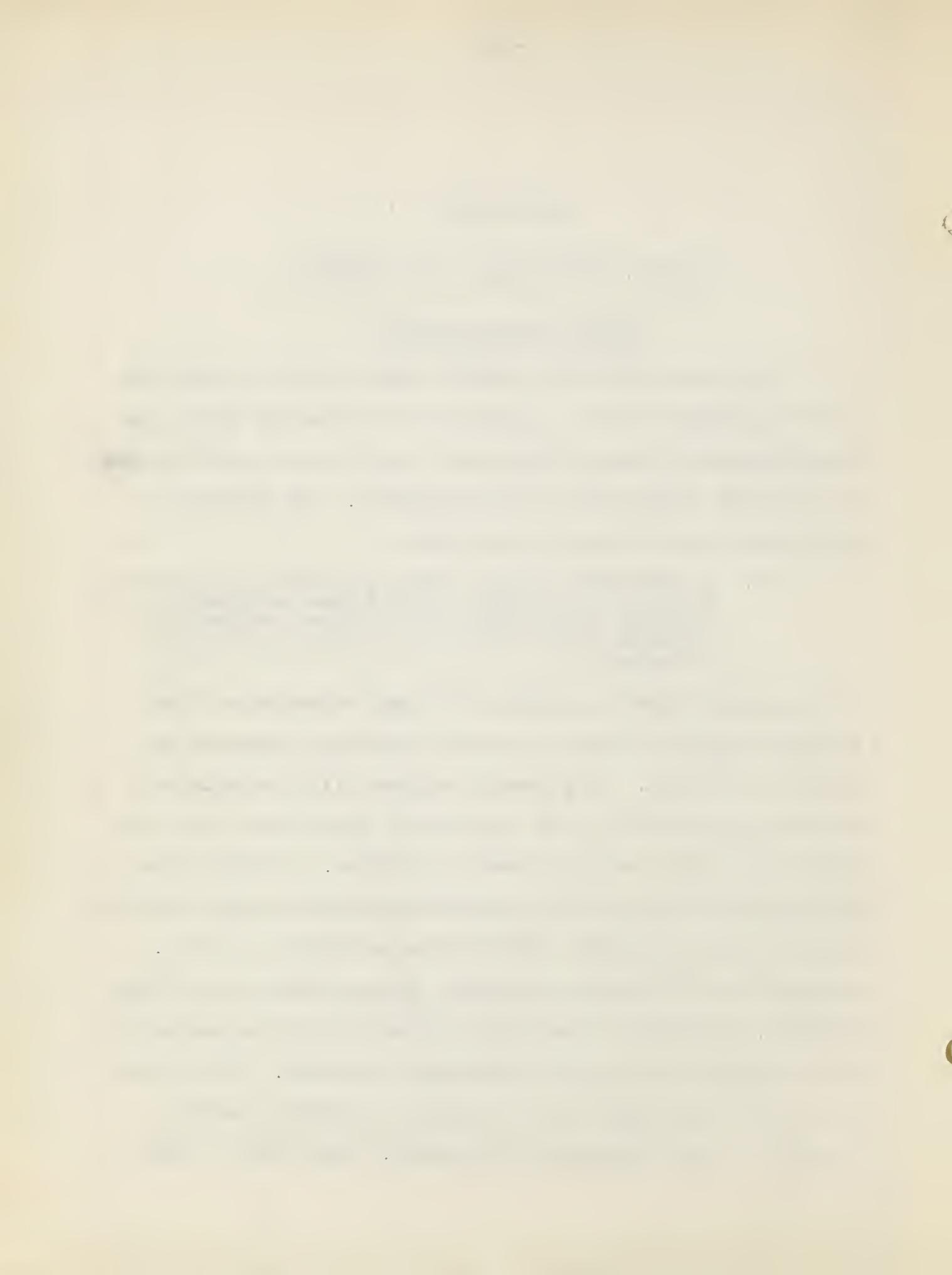
number of patients are neglected in this manner, this fact has
importance. It indicates that both personnel and psychotic
patients are responding to similar characteristics and qualities
in liked patients.

>   2.   The findings of this study can be used to aid
>   nursing personnel to establish good rapport by
>   incorporating these findings in the educational
>   plan of the hospital.

Although approximately three-fourths of the patients are liked
by some of the personnel, the range is from one to eight persons
who like these patients. It is apparent that although most of
the patients are liked by some of the personnel, the patients
would benefit by having personnel gain skill in the formation
of good rapport. Seventeen patients are liked by only one
person, twenty patients are liked by only two persons. These
data point to the fact that none of the personnel is able to
form positive relationships with twenty-one of the eighty-six
patients. Twice as many patients are liked by three or more
of the personnel as are disliked by three personnel on the three
head nurse units. This points to a wholesome attitude on the
part of the personnel, yet the fact that fourteen of the eighty-
six patients are disliked by three or more of the personnel is
an indication that there is a group of patients on each head
nurse unit who is being scapegoated and rejected. This fact,
too, indicates the need for further emphasis in the field of
interpersonal relations in the hospital community.

>   3.   Differences were found in the factors that cause
>   liking and disliking of patients between male and
>   female patients and between the acutely ill and the
>   convalescent patient.

While thirty-four of the patients fell into the extreme groups of "neglected", "popular", "unpopular", and "patients causing ambivalent reactions in the personnel", fifty-two patients fell into intermediate classifications. This is the largest group of patients in the hospital community. This points to the fact that personnel do not react with very strong feeling for or against the majority of patients. However, differences were found due to degree of illness. Patients on the convalescent unit were held to a higher expectancy of behavior by the personnel on that unit. Although the sampling was too small to draw generalizations, it appears that personnel like male patients who exhibit some of the same traits that they dislike in female patients. More personnel are liked by more than five of the patients than are liked by less than five patients on all the units with the exception of the female convalescent unit. On the latter, as many are liked by more than five as are liked by less than five patients. It points to the fact that, in general, personnel are liked by patients.

    4. Some factors which are causes of disliking patients appear to be due to a failure to understand the patient and his needs.

Personnel expressed the fact that they did not understand the patient and that they did not know how to approach the patient as reasons for not liking patients. It is evident from the data that much of the disliking of the patients by the personnel is due to failure to understand the needs of the patient. When the personnel were given an opportunity to gain an understanding of the basic needs of these patients, they no longer
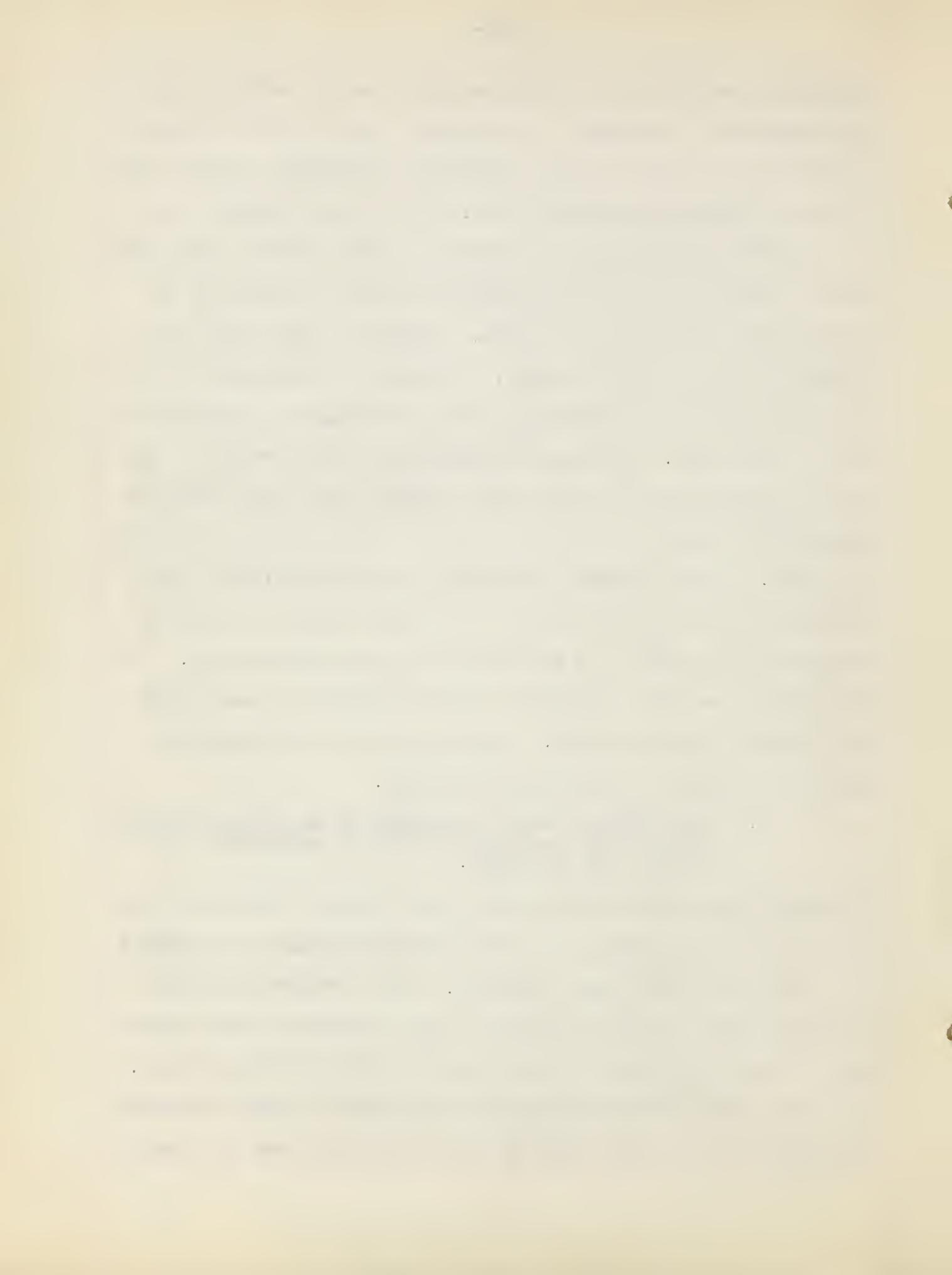
felt insecure with the patient, and much of the disliking
disappeared.

Guiding Principles Coming Out of the Study

The keynote of quality psychiatric nursing lies in good
interpersonal relations among all groups concerned with the
care of the patients and particularly between nurses and
patients. The following guiding principles of psychiatric nursing
care are the outgrowth of the present study:

1. The objective of increased ability to effect
    desirable interpersonal relations for psychiatric
    nursing should be specifically stated and integrated
    into all aspects of the educational plan.

This objective should be integrated in the classes taught by
the doctor as well as the nurse instructor. The nurse needs
an understanding of her own role in the therapeutic situation.
She needs help in working through her own feelings towards
patients so that she can be effective as a therapeutic agent.
She needs an understanding of her own emotions and an under-
standing of herself. This can be achieved by having the formal
class instruction center around an understanding first of the
individual nurse and second, of deviations from normal found
in the patient who is mentally ill.

2. There is an apparent need for orientation of new
    students and personnel to the psychiatric situation.

The plan for orienting new students to the hospital and the
patients should include a study of characteristics of patients
liked and disliked as a basis for improving understanding and
an ability to cope with repellent characteristics. Helping
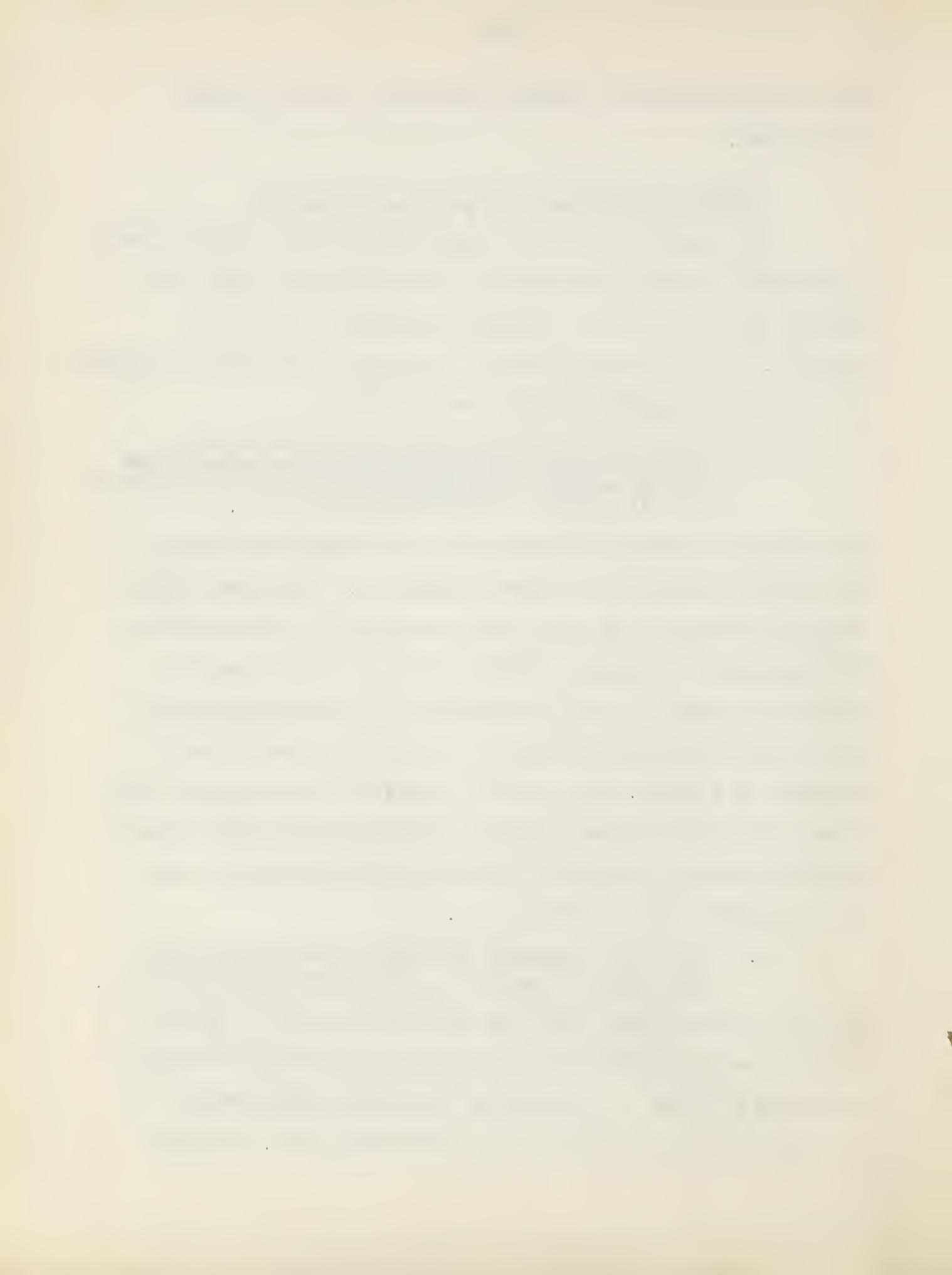
students gain insight into the reasons for liking some patients
better than others will tend to increase self-understanding.
Students should have pointed out to them the likenesses and
differences between patients for whom they are caring in the
psychiatric hospital and those patients for whom they previ-
ously cared since this relates the known to the unknown. The
likenesses between the two situations make the transition
easier for students who have had the psychological principles
of nursing integrated throughout the basic curriculum.

      3. Definite time for psychiatric nursing teaching and
          learning needs to be included in the plan for
          teaching in the clinical situation.

The learning objectives as well as the teaching objectives for
each head nurse unit should be clearly stated and the experience
and method best suited for achieving these objectives need to
be determined.

      4. There appears to be a need to evaluate whether the
          benefits derived from rotating the head nurses are
          outweighed by the disadvantages involved.

There is an apparent need to define the position of the head
nurse and her function for both the nurse and the administration.
It is recommended that an in-staff educational program be
provided for the graduate nurse staff.

      5. An effort should be made to explore different plans
          for rotation of students through the essential
          clinical experiences in an endeavor to discover the
          length of assignment to head nurse units which will
          result in effective and economic learning, desirable
          student adjustment, and good psychiatric nursing
          care.

Proposed Plan for Application of Principles

Since there appears to be some question as to whether students would gain most from serving for brief periods a wide variety of patients or whether they would gain more from longer periods of contact with fewer patients, it is suggested that two different plans be tried out during the coming year. Every other group of students coming to the affiliation might have assignments to fewer head nurse units so that they have time to gain a feeling of belonging on one head nurse unit before they are assigned to a new one. Every other group would continue to be rotated as at present. For convenience these groups might be designated as Group I and Group II; Group I following the present rotation, Group II, the proposed. The proposed plan would take the following factors into consideration:

1. The student would have the benefit of pre-assignment guidance before coming on affiliation.

A plan would be worked out with the home schools whereby the student would have the opportunity to meet in group discussions with some member of the teaching staff of the psychiatric hospital at least a month before the time of the affiliation. At this time she would be given an opportunity to ask questions she might have concerning the problems of mental illness and her assignment to the psychiatric unit. She would be encouraged to verbalize what fears and anxiety she might have concerning the affiliation. At this time an orientation booklet with information about student government and rules and regulations

would be given to her. This plan would accomplish several things: first, it would be a tie between the home school and the affiliating school; second, it would give the student an opportunity to clarify some of the questions that she has concerning the mentally ill; third, it would give her an opportunity to verbalize and express her fears and bring them out in the open.

       2.   Definite time and definite plans would be made for an adequate orientation period to the psychiatric hospital.

Recognition would be given to the fact that the student does have an adjustment to make in her affiliation. This would be met, in part, by a well-planned orientation program to the psychiatric hospital during her first week of affiliation. The student would be aided in making the transition from the general hospital to the psychiatric hospital by having the likeness of general hospital care to psychiatric care pointed up to her. This would provide for proceeding from the known to the unknown. The orientation plan would include an adequate introduction to the personnel of the psychiatric hospital, to the patients for whom she will care, as well as an adequate introduction to the geography of the unit to which she is assigned. It will take into consideration the fact that the student will need an orientation to each of the units she is assigned. The student would know to whom she could go for guidance and health counseling should the occasion arise. The student would be given some understanding of the interrelatedness of the other departments and how they function in relation to the care of the patient.

The students' role as a member of the team would be pointed out to her. This plan would take into consideration that orientation is a continuous process and should be carried on throughout the affiliation.

3. The student would be assigned to only two head nurse units during her twelve weeks' affiliation.

The student would be assigned to either the male acute and the female convalescent unit, or the female acute and the male convalescent unit for a five week period on the acute service and six weeks on the convalescent. This would give her the opportunity to work with both male and female patients. It would give her the opportunity to see the patient proceed from the acutely ill stage to the convalescent stage. In many instances she would have the opportunity to see the patients for whom she cared on the acute unit as they progress to convalescence. This is possible in this particular hospital community because both the male and female convalescent patients use the same recreation room and often dine together. This plan would allow the student to be on each unit for an adequate time to form interpersonal relations and to become adjusted to the unit. It would tend to give her a feeling of belonging before she has a new adjustment to make. Figure VIII may be used to gain an appreciation of the time plan proposed.

4. The student would be assigned to the care of a few selected patients.

Emphasis would be on patient care rather than on functional assignment. The student, as far as possible, would be allowed

FIGURE. VIII.

PRESENT PLAN FOR ROTATING STUDENTS AND PROPOSED PLAN

Group I
Present
A

B

Group II
Proposed
A

To Psychosurgery, O.T.   To O.T.,P.T., Soc. Service,Insulin

To Psychosurgery, O.T.   To O.T.,P.T., Soc. Service,Insulin

B

To Psychosurgery, O.T.   To O.T.,P.T., Soc. Service,Insulin

To Psychosurgery, O.T.   To O.T.,P.T., Soc. Service,Insulin

Legend:

Female Acute Unit

Female Convalescent
Unit

Male Acute Unit

Male Convalescent
Unit

Treatment Unit

Orientation
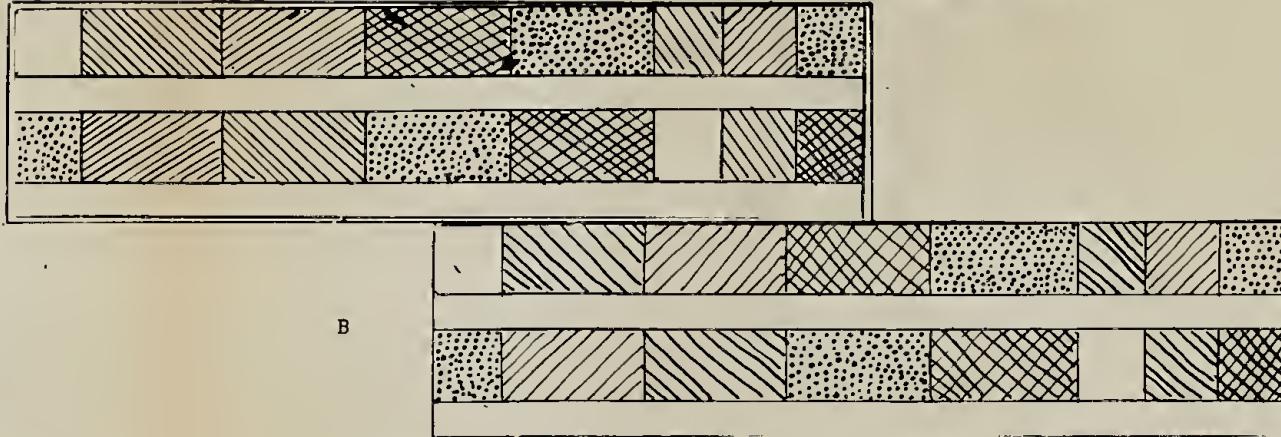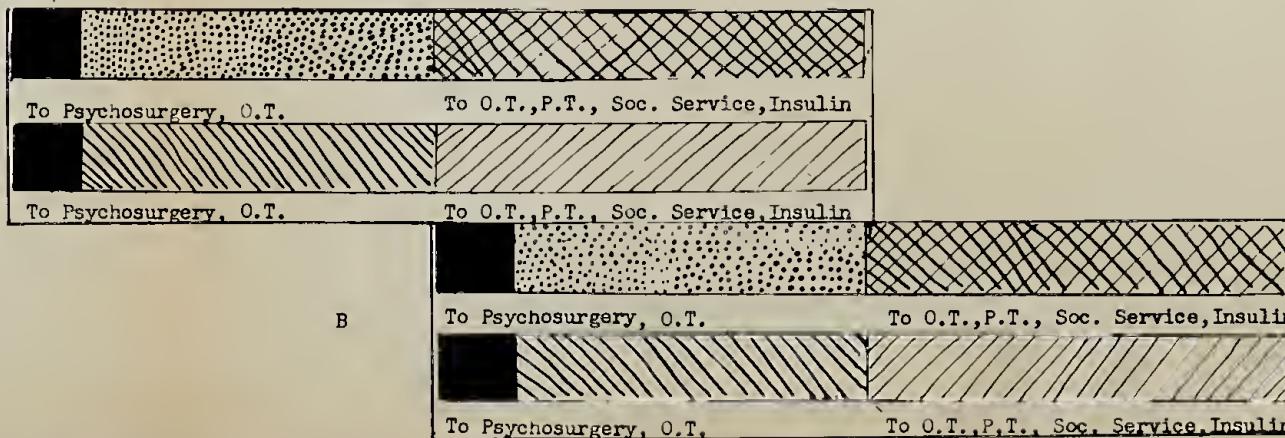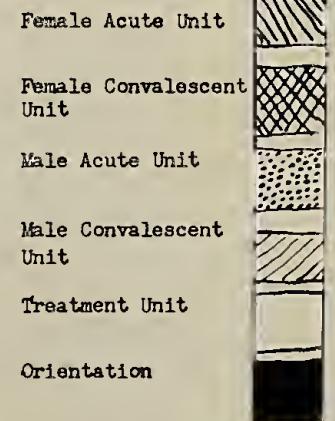
Each ½" square represents 1 week
of experience.

126
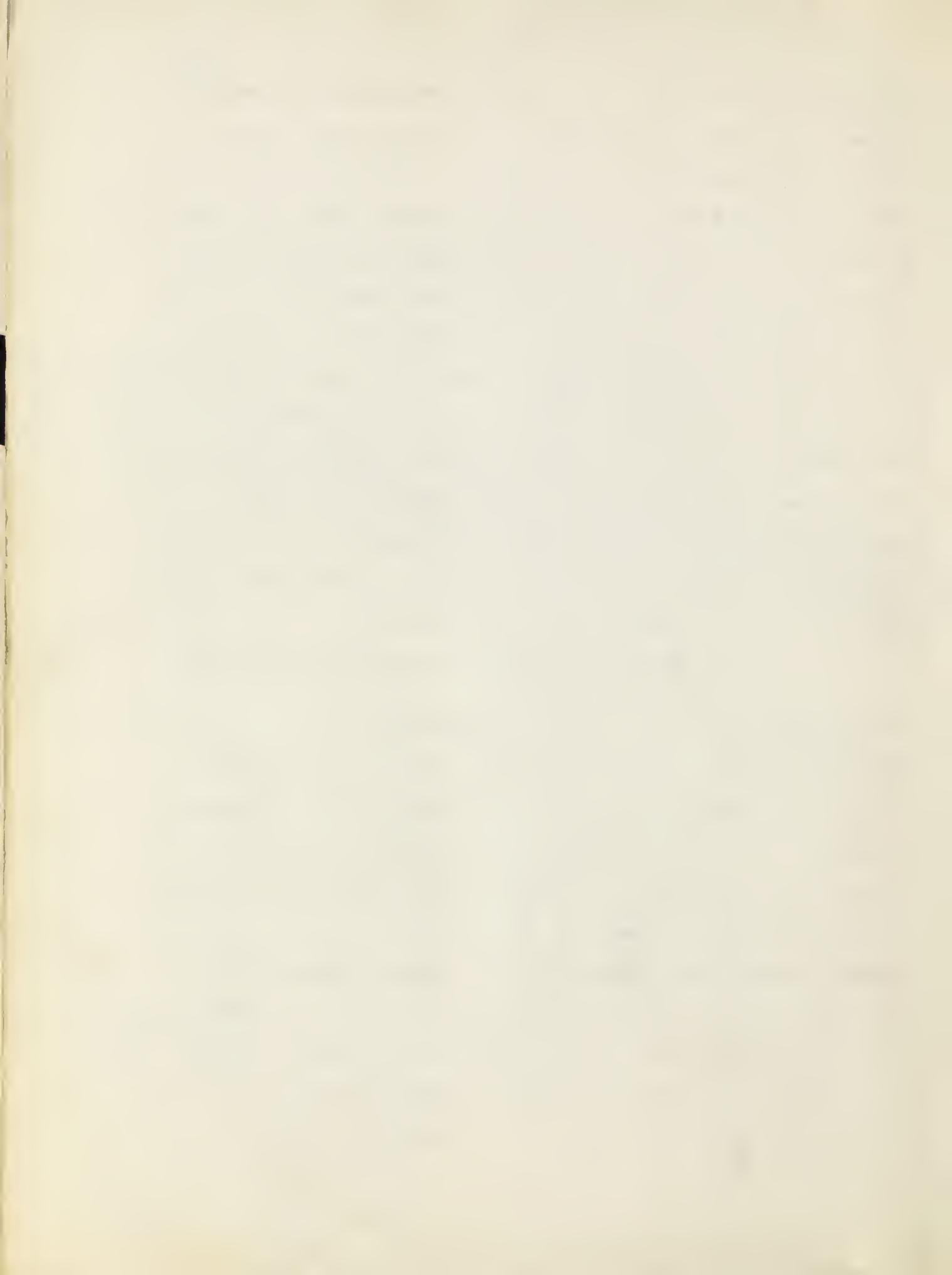
to select the patients in whom she is interested for intensive study. She would be encouraged to accompany these patients to such activities as occupational therapy, social service, physiotherapy and spontaneity drama. She would be given an opportunity to see how the patient reacts in a variety of situations to a variety of people. Since it was previously shown in this study that students fail to establish good interpersonal relations with patients whom they do not understand or of whom they are afraid, an important part of the assignment of patients is conferences with the student to appraise her understandings of the patient's needs and her plan for meeting these needs. If the student is given an opportunity to work through some of her problems in adjustment to the psychiatric situation, she can be aided to better understanding of her patients.

     5. The ward teaching should be correlated with the classroom teaching.

The ward teaching would include the following:

Sociogram technic By a demonstration to the student of her effect as a socializing agent in the nurse-patient relationship as shown by the sociogram technique, the nurse can be aided to a better understanding of her role in the therapeutic situation in the psychiatric hospital.

Group discussions of patients and problems in interpersonal relations By a focus on the problems of greatest concern, the areas in which the student feels that she has difficulty in forming good interpersonal relations would be used. By the use of "role playing" the student can be given an opportunity to act

out her feeling and her approach to difficult situations. By means of group methods of teaching, the student can be aided towards self-understanding and insight.

Through a study of the relationship of the patients to the hospital community and through a study of how the personnel relate to the patients, it is possible to focus on the area of interpersonal relations to look for implications for the establishment of good rapport.

6. An evaluation of this proposed plan should be made after a suitable trial period.

An evaluation done at the end of each affiliation by the head nurse and supervisor as well as a self-evaluation done by the students at the end of their affiliation and objectively reviewed at the end of a year's time would give valuable information as to the relative value of one type of rotation or the other. The success or failure of this may be measured by the criteria of better adjusted students and more contented patients.

Recommendations for Further Study

It has been evident that there are areas in nurse-patient relationship that need further study. They are as follows:

1. The fact that the personnel found it possible to form a positive affective relationship with only a limited number of patients on each head nurse unit has implications that further study might be done to determine the optimum size of a head nurse unit that would be conducive to the formation of good interpersonal relations.
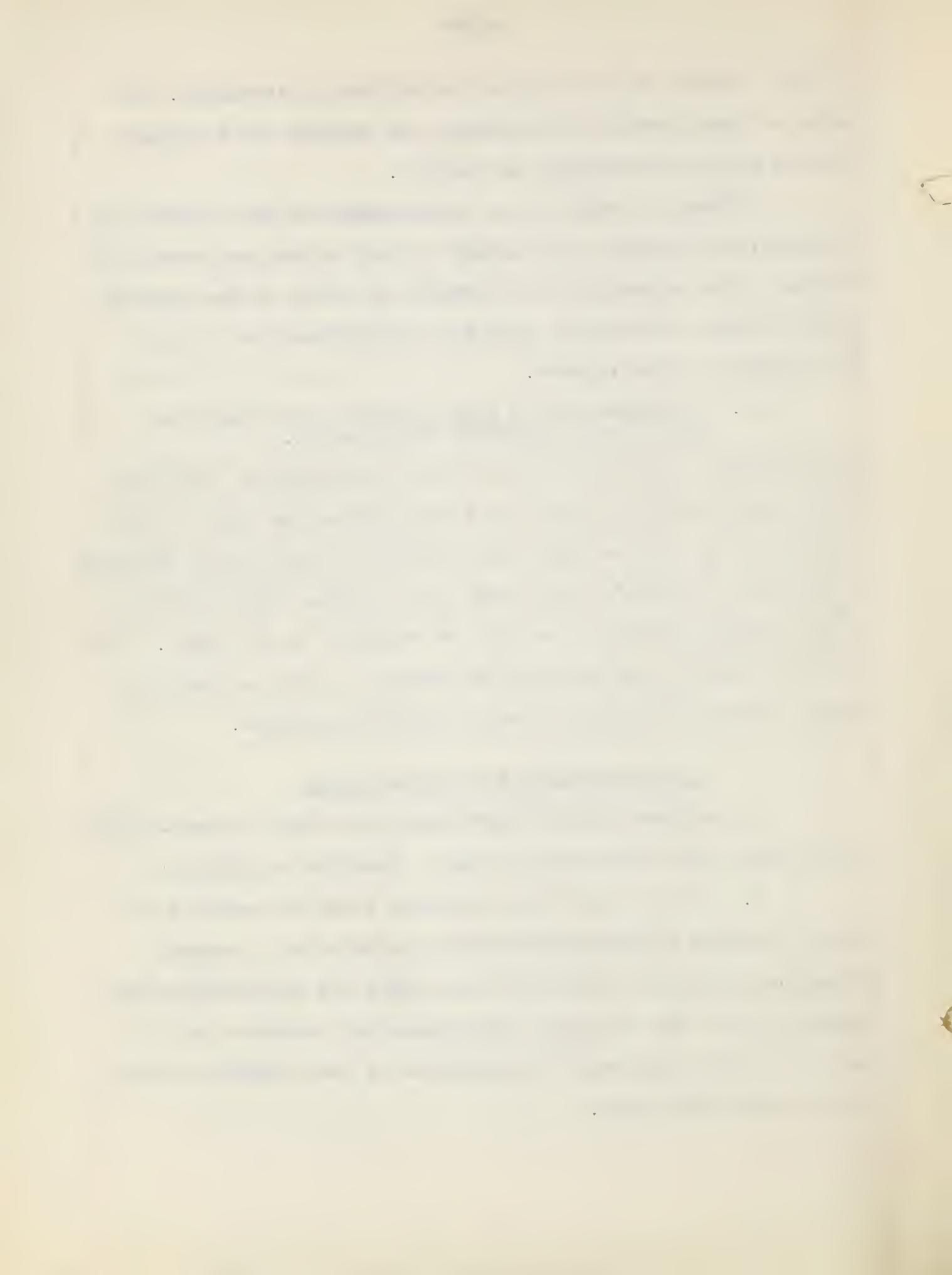
2. The fact that the largest group of patients in the hospital community were classified in the group that the personnel do not react to with extreme reactions of liking and disliking suggests that further study of this "average group" might be done to determine if this way of reacting is the optimum situation for the establishment of rapport and whether this way of reacting is best for the patient.

3. Since these data point to a tendancy for female personnel to form good interpersonal relations on the male unit and since some male patients react well to female personnel, further study might be done to determine whether it is feasible to use some male personnel on the female service. This study might attempt to show whether there are certain of the female patients that react better to male nursing care than to female nursing care.

4. A long-term study to determine whether assignment therapy, that of allowing the patient to be assigned to the small unit within the head nurse unit with the persons with whom he is most friendly, would shorten the hospitalization of the patient or would have any beneficial effect on the patient.

5. A study to determine whether there is any correlation between the psychosis of the patient and the type of friendship patterns the patient forms and whether the patients who fall into the "neutral" group have similar psychoses.

6. A long-term study to determine the effectiveness of the group method of teaching in the basic psychiatric

nursing curriculum in comparison to the traditional methods of teaching.

7. A further, more intensive study as to the characteristics of nursing personnel that adjust best to the psychiatric situation is indicated.

APPENDIX

TABLE 29

PERSONNEL WHO SELECTED THE DESIRABLE TRAITS LISTED IN DESCRIBING
THEIR ATTITUDES TOWARDS THE PATIENTS INDICATED ON FEMALE ACUTE UNIT

Traits	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Helps with ward work			D	ADE K	KF			A	BM		ADK H		F	ABE FHK			AHK	BD FK	ABF K		AB BF			D	D		BH K			AB DHK	D	ADI KBFH	DE B
Enjoys doing things for other patients				B	C						AEH			AGH				CE	AB		DF									F	D	G	AGH K
Cooperative			D	ABD	J		D	AB			J	J	F	E			K	KK	AB						K			K		JE K	F	AJ	F
Friendly, pleasant, nice				B				E	D		J					F	DV KF	BKJ	J		A	A								AG F		C	C
Quiet	A		A								E	EJ					KF								K					G			
Easy to get along with																			I														
Appreciative	D			B									B			I					F	B											
Attractive, neat, clean				B				E										K															
Young				K							DM						I		I		I		C										
Personnel feel that they can help patient																																	
Talks with personnel	H		J	J				JE	JG				G				AD HK		J	GIA													
Feels sorry for patient	CH			CE						CI			IG				C		I		I				AB		I						
Feel patient is improving					EG	I	DE	A		AI				DE																A	AE		
Motherly type														CE GA																			
Have something in common with patient										I				J				EOJ	IOE														
Easy to talk to								B						J					JC		C				B								
Presents no problem to personnel							D														C									G			
Likes physically ill patients																	G			C													
Likes elderly patients																									B								
Does things for personnel				H				E	EC			CE					EC																
Is a challenge to personnel																																	

TOTAL: 225

Source: Compiled from interviews with personnel

Legend: Each letter represents one of the personnel on Female Acute Unit.
Each number at top of sheet represents a patient on Female Acute Unit.

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Traits	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Helps with ward work		R	MNP RS	M	M	LPQ			PS	LM PS	M	MP RS		M	NPQ RS	N	P	MP	P	P	P	M				Q	S
Enjoys doing things for patients		L	LNR		RS		QN		L	P	NR	P		L		N											N
Cooperative		P	L		LSM	L	RS		LR	LO	P		L	L	OP		L		MNS				L	LM	N		LQP
Friendly, pleasant, nice	NSO	LNS	LSN		P	NR			L								S		LR	R	OQ	L	L				
Quiet		Q							PS	LPM	MR	MS		S			LMOP		LMO PSR	M		MO					
Easy to get along with		P	O		P	O				Q	L	RS		R			M	MO			Q	OQ				S	MRS
Appreciative			S						MQS												L						
Neat, clean, attractive		P	MP		LMP				R	M	NP		R			S			R								
Young																				MN							O
Personnel feel they can help patient											N							Q									
Talks with personnel	Q				M			P		N	Q								N								
Personnel feel sorry for patient		RS															L	S				S					O
Personnel feel patient is improving	LN	S			S				NO	O				L				QS				L					L
Patient is motherly type					N							N															
Have something in common						NQ												S			LMQ						O
Easy to talk to					LQ	M	P				PQ													N		N	
Present no problem	O		Q					O		Q								R			R						
Like physically ill patients																											
Likes elderly patients											O																
Does things for personnel					P					S			P		O		QP				S						
Is challenge to personnel																											

Total: 225

TABLE 31
PERSONNEL WHO SELECTED THE DESIRABLE TRAITS LISTED IN DESCRIBING
THEIR ATTITUDES TOWARDS THE PATIENTS INDICATED ON MALE CONVALESCENT UNIT

Traits	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86
Helps with work	TU	Y			W	WY	X		UW								V	UZ						W	W	
Enjoys doing things for other patients	W	X				T																				
Cooperative	YZ	VWX	W		Y		U	U		W	W		Y				WYZ	WY			UZ			XY	Y	WY
Friendly, pleasant, nice	WY	TVXW	V		Z	V	T		TU		X		VXW						V					W	W	X
Quiet		W					U												U			WYZ				X
Easy to get along with	WY					YX		T			Z			W		X		VX		W				Y		
Appreciative			W																							
Attractive, neat, clean																										
Sociable																										
Young							TZ																			
Personnel feel that they can help patient													X											V		
Talks with personnel			V		W																					
Feels sorry for patient	U											V				T		VW						Z		
Feel patient is improving			V						TU	V	T										YZ		YZ			T
Patient is motherly type																										
Have something in common with patient									X								XZ			Z	X	XZ				
Easy to talk to						U						V							TVW							
Presents no problem to personnel	UZ					Y											X	Z								
Likes physically ill patients																										
Likes elderly patients																										
Does things for personnel		YZ				T	Y		T	Z			X													
Is a challenge to personnel																			TZ		UW		Y			

Total: 134

Source: Compiled from interviews with personnel

Legend: Each letter represents one of the personnel on Male Convalescent Unit.
Each number at top of sheet represents a patient on Male Convalescent Unit.

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TABLE 32

PERSONNEL WHO SELECTED THE UNDESIRABLE TRAITS LISTED IN DESCRIBING
THEIR ATTITUDES TOWARDS THE PATIENTS INDICATED ON FEMALE ACUTE UNIT

Traits	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Doesn't help with ward work		B	A									H										DHA			H			DH	DC		K		
Doesn't get along with other patients		KD	J				K						C						K				GFH			CED		E					
Breaks ward rules	K	CBH DA					KH						B							BDA						B		B					
Slow						CH	BH								F									JKB				K	H		K		
Unpredictable													D		D	GB				E		B	C			JFA		G	DE		J		AIE CH
Sarcastic		BA										A			A											AH	G	E	AJ FH				
Silly														JBH IA													A	A		JH			
Quiet and withdrawn							CJ	CJ	H				D											AB			JB	CF			AJ		
Demanding		K														HD					B	K						B	DK BG				
Untidy					D																			GH				H	C		JI		
Assaultive and overactive						A							D									H				A							
Depressed									ADJ						DA																		
Complaining															EB KN																		
Lazy																																	
Uncooperative						G															G	K											
Personnel doesn't know how to approach		E					ACJ					E				CD			G		EK	I	A		JED		F		CB				
Repeats or asks over		I													ICB J										K								
Afraid of patient							F													GI									G				I
Fondles personnel																							BD										
Ignores personnel						D	E					AEB																					
Starts trouble																																	
Looks for sympathy													H																				B
Not improving					A							G																					
Doesn't understand patient		J																			CE		GDI	JG CE		J			CB		ACE		

Total: 193

Source: Compiled from interviews with personnel

Legend: Each letter represents one of the personnel on Female Acute Ward.
Each number at top of sheet represents a patient on Female Acute Ward.

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TABLE 33
PERSONNEL WHO SELECTED THE UNDESIRABLE TRAITS LISTED IN DESCRIBING
THEIR ATTITUDES TOWARDS THE PATIENTS INDICATED ON FEMALE CONVALESCENT UNIT

Traits	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Doesn't help with ward work	N										S					P								M		P	
Doesn't get along with other patients																								OPR	R		
Breaks ward rules														P											MN	M	
Slow																											N
Unpredictable							O						Q	PS				Q								LMS	
Sarcastic				NOL				M					OS														
Silly				RS											LN												
Quiet and withdrawn														N	M			M		LO PR				S			
Demanding													MNP RS					L				R		S			
Untidy																											
Assaultive and overactive																											
Depressed																											
Complaining																				OPR							
Lazy																											
Uncooperative				R				QS			M			M		R							QR	Q	MQ		
Personnel doesn't know how to approach				O				S																Q			
Repeats or asks over																		MN PR									
Afraid of patient								Q												Q			QP			O	
Fondles personnel																LMNO PQS											
Ignores personnel																											
Starts trouble																											
Looks for sympathy								Q										Q					S				
Not improving																				S			O				
Doesn't understand patient																					P						

Total: 87

Source: Compiled from interviews with personnel

Legend: Each letter represents one of the personnel on Female Convalescent Unit.
Each number at top of sheet represents a patient on Female Convalescent Unit.

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TABLE 34
PERSONNEL WHO SELECTED THE UNDESIRABLE TRAITS LISTED IN DESCRIBING
THEIR ATTITUDES TOWARDS THE PATIENTS INDICATED ON MALE CONVALESCENT UNIT

Traits	Patients																							
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	78	79	80	82	83	84	86	86
Doesn't help with ward work																								
Doesn't get along with other patients														Y					U				Z	Z
Breaks ward rules																V								
Slow	TX		T	VYZ			W			VW								V						
Unpredictable			YZ												Z		T							V
Sarcastic				T								T							TVZ					
Silly																								
Quiet and withdrawn				WYZ	YZ		UV			Z					Y				U			UV		
Demanding			WZ			X		Y				TVX		TU VZ		WYZ			X					Z
Untidy																								
Assaultive and overactive																								
Depressed																								
Complaining																								
Lazy							Z																	
Uncooperative								VWX YZ	Y			VWY											V	
Personnel doesn't know how to approach			W											Z								T		
Repeats or asks over																								
Afraid of patient			X																				Z	
Fondles personnel									U			T												
Ignores personnel																								
Starts trouble													Z											
Looks for sympathy																								
Not improving																	Z							
Doesn't understand patient																								

Total: 73

Source: Compiled from interviews with personnel

Legend: Each letter represents one of the personnel on Male Convalescent Unit.
Each number at top of sheet represents a patient on Male Convalescent Unit.
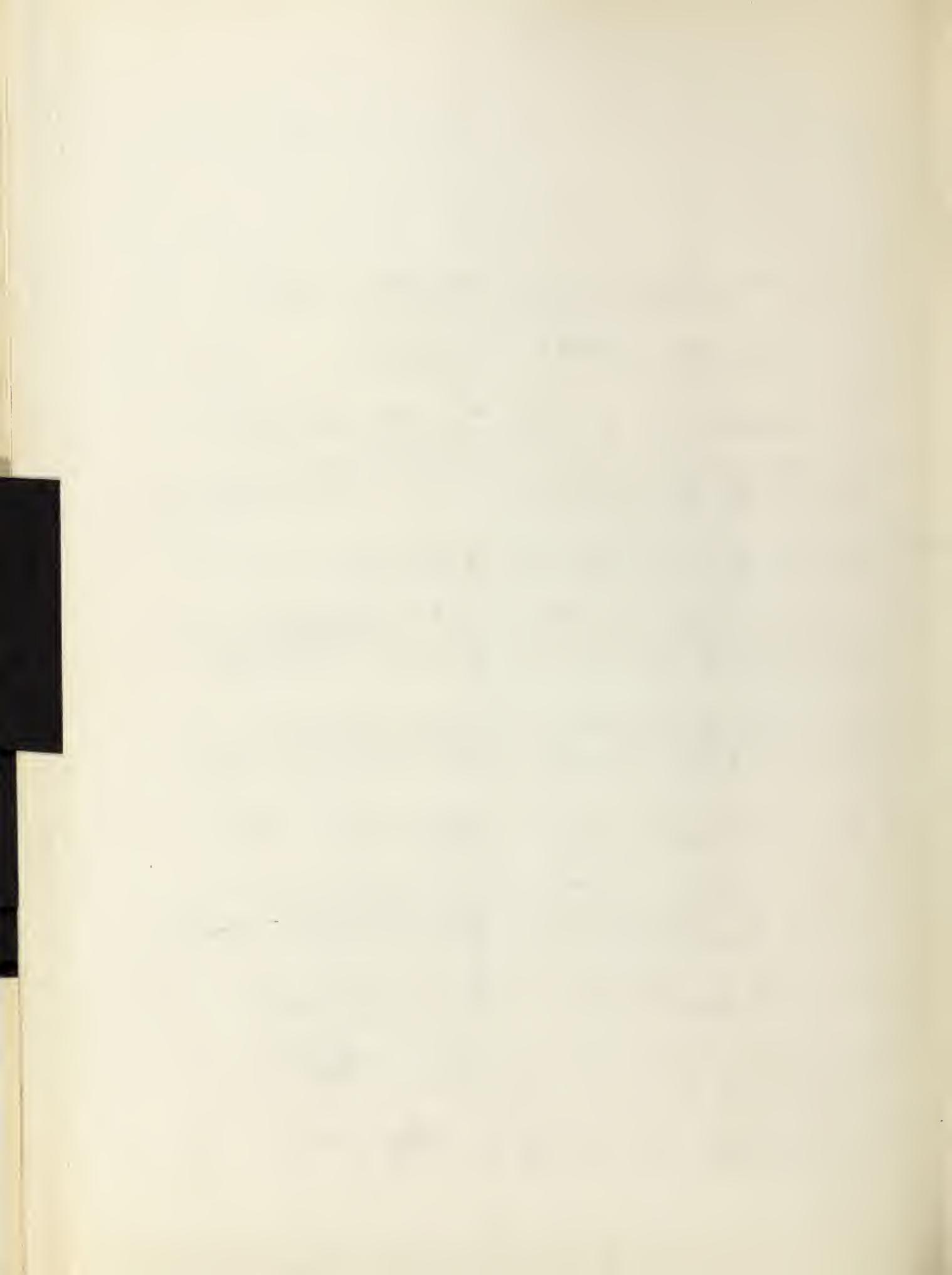
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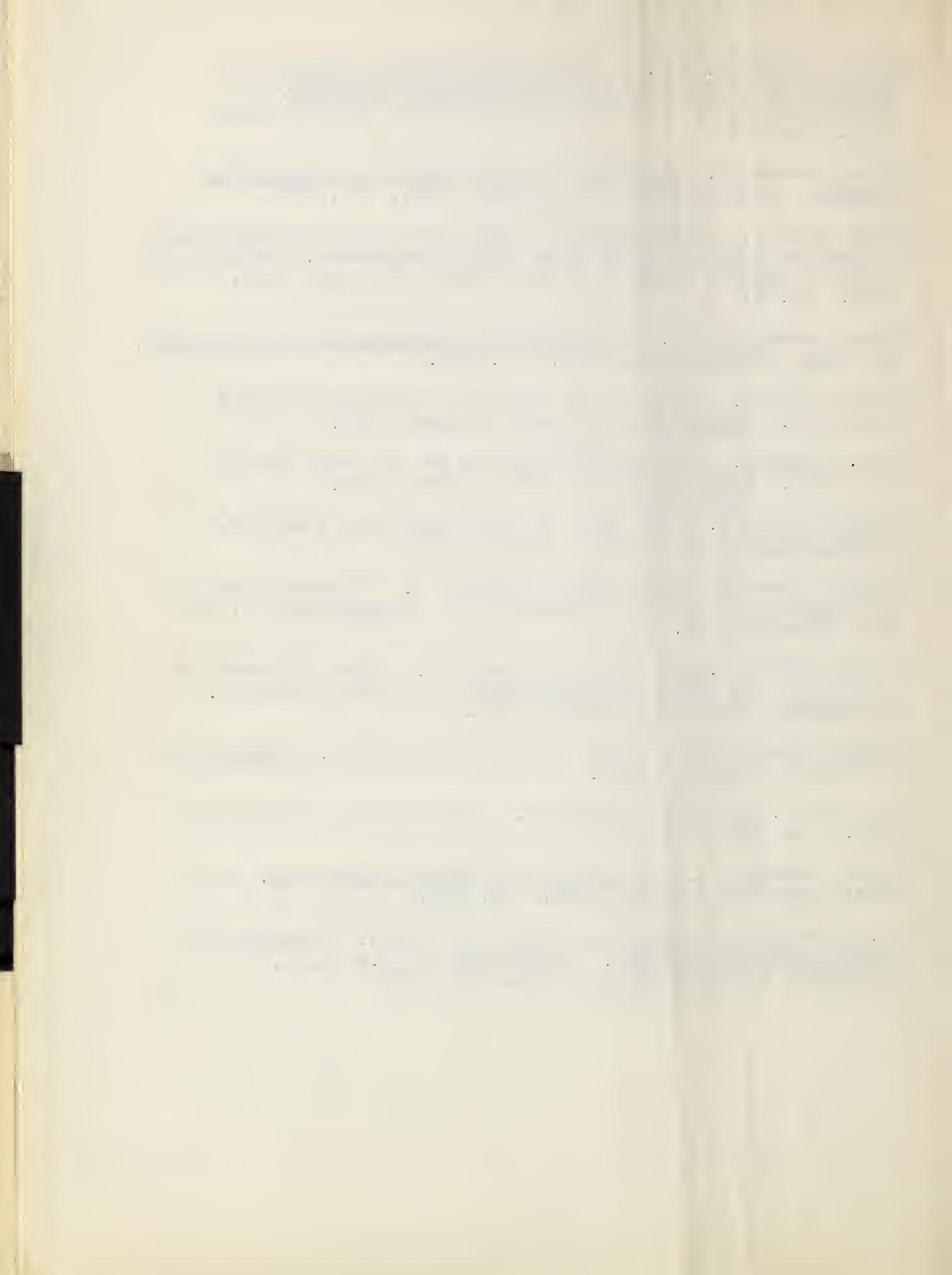
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